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U.S. Army Medical Dept.

# MEDICAL DEPARTMENT

## QUESTIONNAIRE

INSPECTOR'S GUIDE

1946

A



OFFICE OF THE SURGEON

HEADQUARTERS, FIRST ARMY

GOVERNORS ISLAND, NEW YORK 4, N. Y.

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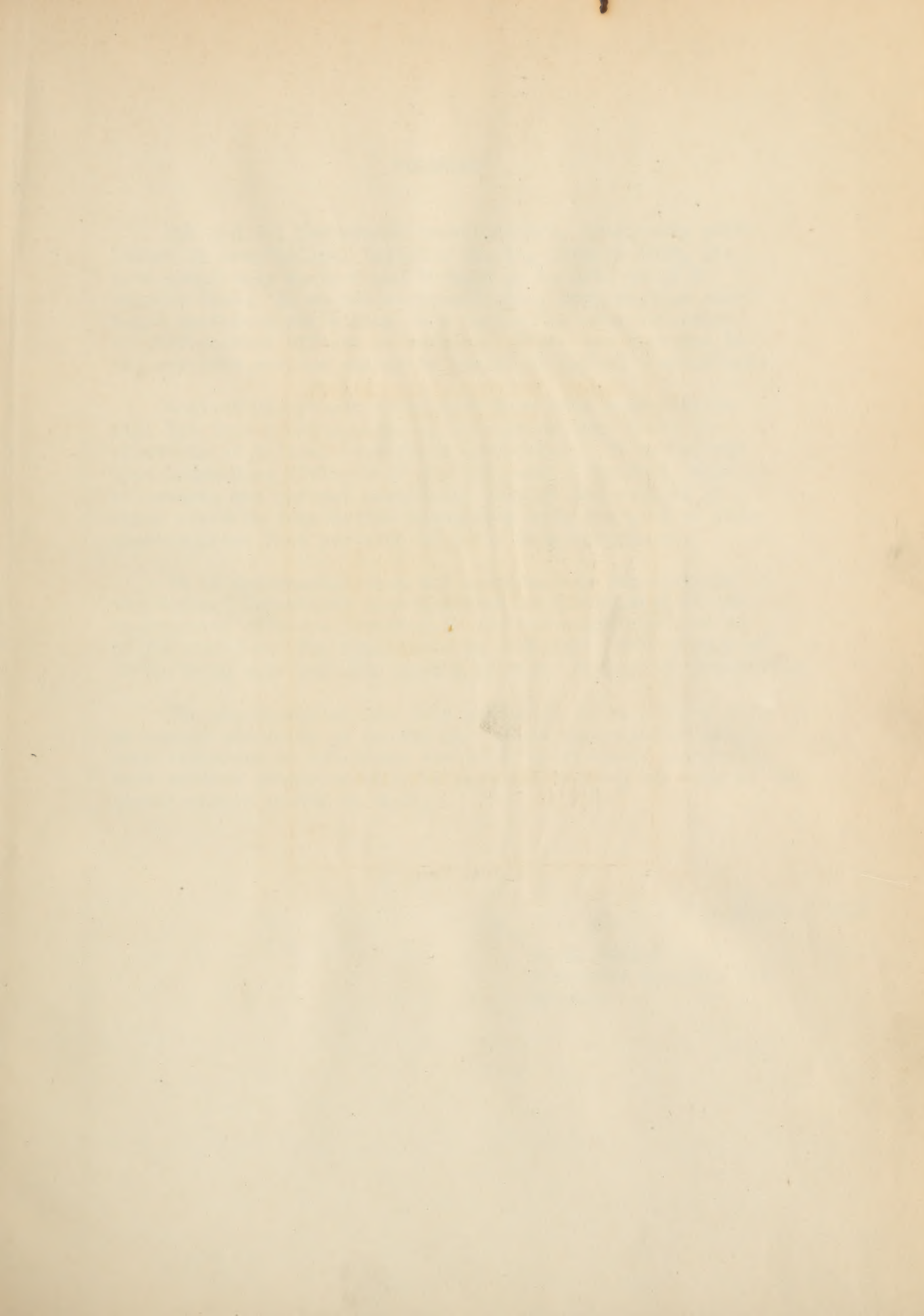
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## FOREWORD

The Medical Department Questionnaire, originally published in Army Medical Bulletin No. 54, October 1940, has been completely revised and brought up to date as of 1 October 1946. In so far as practicable, each section contains questions pertaining to a particular administrative or professional officer or service. There are included in the appendix various guides to assist in making inspections.

Medical Department inspectors from this headquarters will use this questionnaire in connection with their inspections of Medical Department activities. It is desired that Commanding Officers of station, area, regional, convalescent, and general hospitals, require the members of their staffs to familiarize themselves with the part of this questionnaire that pertains to their duty assignment.

It is recommended that the sections and sub-sections of the Medical Department Questionnaire be distributed to the appropriate officers responsible for the administrative or professional service applicable in each case, with a view of there being made periodic checks of their respective activities.

The questionnaire has been published in loose-leaf form to permit additions or deletions. It is contemplated making such additions or deletions available at frequent intervals. Each officer concerned will be expected to keep his copy of the Questionnaire posted to date.

*C. M. Walson*

C. M. WALSON  
Brigadier General, USA  
Surgeon

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COMMANDING OFFICER

OR

SUBJECT

NAME

GRADE

DATE

PLACE

- I. General
- II. Records and Files
- III. Chaplain
- IV. Miscellaneous

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)

I. GENERAL.

1. What is the hospital bed capacity? (Par. 38, AR 40-1080, 28 August 1945, and Change 1, dated 8 February 1946)

Normal beds:

Expansion capacity:

2. Are the buildings occupied for hospital purposes satisfactory and of a capacity sufficient to meet normal needs? (Same reference as Par. 1 above).

a. If the answer to the above is in the negative, detail what is required, stating the status of projects now authorized.

3. Is any hospital property used for other than Medical Department purposes? (Par. 2 e, AR 40-590, 21 January 1946)

4. What is the actual and authorized strength of the Medical Department this date shown under the headings given below?

a. Officers by name, grade and corps.

b. Army Nurse Corps by number.

c. Enlisted men by grade and number.

d. Civilian employees by designation and number.

5. What is the mean strength of the command this date? (Par. 20, AR 40-1080)

Officers

Army Nurse Corps

Enlisted

Civilians

Warrant Officers

6. Has the commanding officer of the hospital organized the professional and other activities of his hospital into services and prescribed their number, the lines of control over them, and their relationship to each other? (AR 40-590)

7. Is the post serviced by adequate Veterinary personnel? (AR 40-2010 and 40-2035)

8. What services and activities have been organized? (AR 40-590)

9. What duties have not been delegated by the commanding officer to his assistants? (Par. 2 a, AR 40-590)

a. Is there a published letter showing the personnel authorized by grade and number? (AR 310-60 and ASF Cir. #39, par. 5 b, dated 11 June 1943)

b. Has a graphic chart been published showing the organization of the hospital and the duties of the personnel? (Par. 2 a and c, AR 40-590)

10. Is a duty roster, AGO Form 6, maintained for details of officer of the day, non-commissioned officer in charge of quarters,

and emergency details? (AR 345-25)

11. Are the duties of the medical officer of the day clearly defined in hospital orders or regulations?

a. Do hospital regulations require that the medical officer of the day will:

- (1) Leave instructions where he may be found when away from the hospital?
- (2) Make a written or verbal report to the commanding officer of his tour of duty?
- (3) Make a periodic inspection of the hospital and grounds?
- (4) Take charge in case of fire until the arrival of the fire marshall?
- (5) Inspect the guard and emergency details?
- (6) Maintain good order and discipline?
- (7) Enforce the hospital regulations?
- (8) Be responsible for the verification and safeguarding of prisoner patients?
- (9) See all operative cases of the day?
- (10) Be responsible for the proper preparation of the body in case of death?
- (11) Have prepared the Clinical Record Brief, MD Form 55 a in all cases admitted to hospital?
- (12) Inspect all Ward order books to determine that treatments are being carried out?

12. Has the commanding officer drawn up regulations for the hospital and caused them to be posted in appropriate places so as to be easily seen and read by those persons to whom they are applicable? Are the regulations complete and up to date? (Par. 21, AR 40-590)

13. Has the commanding officer prepared a training schedule for medical personnel of the hospital, stating the objective or standards to be attained and the time available for the purpose? (Par. 21, TM 10-5)

14. Are up-to-date files of the following publications maintained? (AR 310-10, AR 310-50 and TRI-10)

- a. Army Regulations.
- b. Training Regulations.



- c. Technical Regulations.
- d. War Department Training Circulars.
- e. Field Manuals.
- f. Field Service Regulations.
- g. Mobilization Regulations.
- h. General Orders, Bulletin and Circulars of the War Department.
- i. Circular Letters and Medical Technical Bulletins 1944, 1945, 1946, SGO.
- j. Orders, Circulars, and Memoranda of the Army Area.
- k. Orders, Circulars, and Memoranda of the post or station.

15. At installations declared inactive or surplus, are proper provisions being followed? (ID Cir. #39, dated 1945)

16. What system is used to distribute orders, memoranda, information, etc., to officers on duty at the hospital?

17. Are footnotes on Army Regulations posted under provisions of par. 24 a, AR 210-10 and par. 1 d, AR 310-200?

18. Are Medical Administrative Corps, Pharmacy Corps, and Sanitary Corps Officers assigned as recommended in Section III, WD Cir. #152, dated 17 April 1944?

19. Have the irregularities or discrepancies reported by the Inspector General been corrected?

20. Are civilian employees of the Army cared for by the Surgeon? (Circular Letter #171, SGO, dated 11 October 1943)

a. Are the civilian medical service reports being sent to The Surgeon General? (Circular Letter #171, dated 1943)

21. Has the commanding officer instituted proper measures for fire protection and prevention, such as enforcing measures prescribed by higher authority, the appointment of a fire marshal, the formulation of hospital fire regulations, periodic fire drill, inspections, etc.? (Par. 21, AR 40-590)

22. Does the commanding officer of the hospital guard the knowledge of the combination of the hospital safe with utmost care? (Par. 20, AR 40-590)

a. Does he make report by confidential letter direct to commanding officer of the appropriate post, camp or station, of the combination of the hospital safe and any changes thereto? (Par. 20, AR 40-590)

b. When was the combination last changed? (Par. 20, AR 40-590)

23. Does the commanding officer inspect or direct the inspection of the entire hospital daily and once each week inspect or cause to be inspected the detachment, Medical Department? (Par. 2d, AR 40-590)

24. a. Are major disaster plans on file and up to date?

b. Are evacuation plans up to date?

25. Does each administrative department or activity maintain a chart or index of the various regulations, orders, instructions, etc., pertaining to the administration of their respective department for ready reference purposes?

26. Do you have a copy of the American College of Surgeon's Manual of Hospital Standardization?

27. Are hospital staff conferences held in accordance with the principles of the American College of Surgeons?

## II. RECORDS AND FILES.

28. How are "Secret", "Confidential" and "Restricted" documents and files kept? (Pars. 26, 27, 28, AR 380-5)

29. Are non-professional personnel, both military and civilian, employed in Medical Department installations instructed in the necessity of maintaining the utmost discretion in regard to knowledge concerning individuals and medical matters? (AR 40-590, par. 2 c, and WD Cir. #310, dated 20 July 1944)

30. Do clinical records show the date and hour of the patient's admission?

31. How long are patients in the hospital before a history and a physical examination is made?

32. Is an impression of the patient's condition entered on the Clinical record at the time of taking history and physical examination?

33. What is the longest interval between notations on progress sheets of each clinical record?

a. Are hospital records and notes brief and compact without padding and verbosity? (SGO, Cir. #148, dated 1942)

34. Are clinical records for short term patients abbreviated? (SGO, Cir. Letter #17, dated 1943)

35. Is the decimal system of filing in use at the hospital? (War Department Correspondence File Book)

36. Is a precedent and policy file maintained under No. 008? (War Department Correspondence File Book)

37. Have the retained copies of reports and returns, letters, etc., which are not useful in the transaction of current business, and which are over two years old, been reported to the Surgeon General,

within one year after the two year period has ended, for the disposition? (Par. 1 c (3), AR 40-1005)

38. Is there a loose sheet binder containing the duplicate of Sanitary reports (with official indorsements), and the duplicate Report Sheets of Sick and Wounded filed in single chronological sequence and permanently preserved as the medical history of the post? (Par. 7, AR 40-1005)

39. Have the forwarding indorsements of the post commander and return indorsements of higher authorities been transferred to the binder copy? (Par. 7, AR 40-1005)

40. Are social service histories when obtained from the Red Cross social service workers included as a part of the clinical history of the patient? (SGO, Circular Letter #19, dated 15 January 1943)

41. Is it clearly understood by all concerned that information concerning the condition of sick patients necessary to allay the anxiety of relatives will be freely imparted? Has the commanding officer issued any instructions in this matter? (Par. 2b(1), AR 40-590)

42. Does the commanding officer of the hospital notify the person designated by the patient, to be notified in case of emergency in any case which may, in a reasonable time, become serious? (Par. 2 b (4), AR 40-590)

### III. CHAPLAIN.

43. Whenever the condition of a patient reaches the stage which seriously endangers life, is the Army chaplain on duty at the station promptly notified? (Pars. 2 b (4), AR 40-590)

44. Does the chaplain make regular visits to the men in confinement in the prison ward to give them advice and offer consultations? (Par. 5 d, AR 60-5)

45. Does the chaplain make regular visits to the sick in the hospital for such spiritual and welfare ministrations as he may be able to give? (Par. 5 d, AR 60-5)

46. Does the chaplain encourage correspondence between soldiers and their relatives and friends, especially on the part of the sick in the hospital? (Pars. 5 d, AR 60-5)

47. If no Army chaplain is on duty at the station, does the commanding officer, under AR 210-70, make reasonable effort to provide religious guidance and services, especially for the seriously ill? (Par. 21 c, AR 60-5)

### IV. MISCELLANEOUS.

48. Are records of actual performance compared to service objective maintained? (Par. 5, Part 2, Sec. I, ASF Cir. 414, dated 8 November 1945)



49. Are the pay accounts of enlisted patients in the hospital in compliance with WD Circular 294 and 320, 1945?

50. Is it understood by all concerned that utilization of Medical Corps officers assigned to hospital or other medical installations in the continental United States as medical attendants for routine troop movements (except patient traffic) within the continental United States is not authorized? (Sec. III, Par. 1, WD Cir. #156, dated 29 May 1945)

51. Are checks being made to see that correspondence is not being delayed?

a. Has a check been made to see if all correspondence for action leaves the office within 24 hours, and none is left at the end of the day?

52. Does the Control Officer review all suggestions submitted by hospital personnel for improvement of the organization procedures?

a. Are suggestions with merit put into effect?

b. Is proper recognition given meritorious ideas?

c. Are all suggestions with merit forwarded to the Army Area for credit?

53. Has an officer been designated for the purpose of correlating and coordinating all procedures concerning the separation of military personnel?

a. Has a check been made to ascertain if he is actually checking all separations?

54. Does an officer, preferably the recorder of the Board for Retirement of Officers, maintain a log of procedures, including dates on which papers have been requested and received?

a. When delay is indicated, is the necessary action taken?

55. Are the procedures outlined in TM 12-240 and TM 12-240A closely followed by the Surgeon for all military activities occurring under normal circumstances? (Par. 6, TM 12-240A, dated 1945)

56. Are military procedures in emergencies or major disasters performed as outlined in Chapter 3, TM 12-240A, dated 1945?

57. Is there an established telephone and teletype usage control program in effect at the hospital? (Sec. III, WD Cir. 201, 1946) (Letter SPGSS 7/483.2, General Subject: "Curtailement of Communication Expenditures", dated 31 July 1945.)

58. Do authorized foreign personnel receive medical care as provided in War Department Circular #207, 1946?

a. Are proper reports regarding medical care furnished foreign personnel prepared and forwarded as provided in Par. 10, WD Circular #207, 1946.

59. Do complaints of assigned personnel receive the prompt attention of the commanding officer as provided in Section II, WD Circular #74, 1946?

REGISTER

NAME

GRADE

GRADE

PLACE

- I. Records and Files
- II. Discharges; CDD Procedures
- III. Admission and Disposition
- IV. C. O., Detachment of Patients
- V. Custodian of Patients' Funds and Effects

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)



## I. RECORDS AND FILES.

1. What is the patient strength this date, classified as follows:

Officers	Nurses	Warrant Officers
Enlisted MC'S	U.S. Veterans' Administration	Civilians

2. Are the active clinical records, ID Form 55 series, filed in sequence of their file numbers? (Par. 127, AR 40-1025)

3. Is a "current file" of register cards, arranged in alphabetical order, maintained? (Par. 74, AR 40-1025)

4. Is a "permanent file" of register cards, by register number, maintained?

5. Is the "permanent file" unbroken, or have cards of the past years been transferred to an inactive file, in numerical sequence? (AR 40-1025)

6. Are the register of sick and wounded, the file of clinical records, and the medical history of the post permanently preserved? (Par. 1 c (1), AR 40-1005)

7. Exactly where are the files of inactive register cards and clinical records stored?

8. Are the containers for inactive register cards and clinical records properly marked with the contents, secure from dust and damage?

9. Is the ID AGO Form 3-23 (Report of Sick and Wounded), always forwarded to the Surgeon General within 5 days from the last day of the report period? (Par. 118, AR 40-1025).

10. What has prevented the reports of sick and wounded being mailed on the date specified? (Par. 118, AR 40-1025)

11. Are sick and wounded reports prepared in accordance with instructions? (Sec. XI, AR 40-1025)

12. Are names and serial numbers of patients reported on sick and wounded cards verified? (Par. 37, AR 40-1025)

13. Are clinical records furnished by the Medical Department to agencies other than The Adjutant General, War Department, abstracted according to instructions? (Par. 2 b (5), AR 40-500)

14. When requests are made for clinical records from other hospitals, are they being forwarded as soon as practicable and not later than 48 hours after request? (Par. 2 f, AR 615-361)

15. Are clinical records requested at the earliest possible date after it is anticipated that the patient may go before a board of medical officers? (Par. 2 c, AR 615-361)

16. Is air mail used when requesting and transmitting clinical records? (Par. 2 E, AR 615-361)

17. Is the physical reclassification of officers made promptly and in accordance with TD Circular #313, dated 12 October 1945?

18. Are officer patients reclassified in accordance with TD Circular #313, dated 12 October 1945?

19. Are women officers or warrant officers of the Army of the United States whose physical condition indicates the probability of pregnancy and who are certified as pregnant after examination by a medical officer, disposed of in compliance with Section III, TD Circular #404, dated 14 October 1944?

20. Are non-effective personnel disposed of thru medical and non-medical channels in accordance with Section III, TD Circular #31, dated 13 March 1945?

21. Are patients disposed of as promptly as is consistent with professional and administrative procedure? (SGO Circular Letter #148, dated 9 November 1942)

22. \*Are current graphic statistical charts being maintained on VD TD Form 85 (Vital Statistics Chart) showing the current annual rate for 1000 strength by weeks as taken from VD AGO Form 8-122, and containing the following data:

- (1) Strength of the command.
- (2) Annual mean non-effective rate.
- (3) (a) Number of cases and annual admission rate per 1000 strength for all causes,
  - (b) Disease only,
  - (c) Neuropsychiatric cases,
  - (d) Venereal disease,
  - (e) Common respiratory diseases,
  - (f) Diarrhea,
  - (g) And such other diseases as the conditions warrant, or as may be designated from time to time by the SGO or by the Surgeon, First Army. (Section VIII, AR 40-1000)

\*NOTE: Optional at general hospitals, will be done when directed by the commanding officer.

23. When individuals are treated on a duty status for a disease or injury resulting from misconduct, is the line of duty status entered as "LD: NO, Misconduct"? (Par. 63 c, AR 40-1025)

24. When a patient arrives at a hospital in the United States for treatment, except when the hospital is on the post at which the individual is stationed, is the commanding officer thereof responsible that a postal card or letter be mailed within 48 hours to the person designated by the patient to be notified in case of emergency, informing addressee of the patient's location and condition, and when practical, is the patient required to prepare the communication? (AR 25-250, 14 May 1946)

25. Are patients who have not been paid through the last day of the preceding month, paid within three days of arrival in the hospital. (Par. 2, MD Circular #320, 19 October 1945)

26. Does the registrar notify the organization of patients who absent themselves without leave from a hospital for over 10 days, in order that they may be dropped from the organization's sick book? (Par. 2, MD Circular #320, 19 October 1945)

27. Does space 17, MD AGO Form 8-24, contain a statement indicating whether or not the patient has participated in the reconditioning program, and if so, the class to which the patient belonged on the day of final disposition? (Par. 62, AR 40-1025)

28. Are the provisions of Section III, AR 40-1025, carefully followed when entering information concerning the cause of admission and treatment given sick and wounded personnel? (Section VI, Par. 2, MD Circular #251, dated 1944)

29. In the case of injury, is the following information shown on MD AGO Form Nos. 8-24 or 8-26? (MD Circular #251, dated 1944)

- a. How, when, and where the injury occurred.
- b. The nature of the injury (for example, lacerated wound or simple fracture)
- c. Part of the body affected.
- d. Causative agent or act (i.e., penetrating wound (machine gun; or, run over by half-track)
- e. If the injury or wound is the direct result of enemy action, this fact will be stated. The phrase "incurred in action" should not be used for this purpose. The phrase "due to enemy action" or its equivalent should be used.
- f. The presence, cause, and degree of any infection of the wound.

30. Are the former clinical records of readmitted patients used with a new MD Form 55a in lieu of a new complete record on each readmission? (SGO Circular Letter #75, dated 20 March 1943)



31. Is a nominal card index kept for each patient in which a medical report has been prepared? (Par. 122, AR 40-1025)

NOTE: Check the last three admissions to see if the entry of register numbers was made on the index cards.

32. Are diagnosis slips tentative (D AGO Form 8-176) (Par. 36, TM 12-235) forwarded to the Registrar within 24 hours after admission of patient? (Par. 5 a, TM 12-235)

33. GENERAL HOSPITALS - Are both Army and non-Army patients included in Section II, D AGO Form 8-190? (Par. 4 c, ASF Circular #68, dated 1945)

34. Does column 2, Section IV; D AGO Forms 8-189 and 8-190, include only those personnel present on duty in connection with the operation of the hospital on the last day of the report? (Par. 4 f (2), ASF Circular #68, dated 1945)

35. STATION HOSPITALS - Is a statement of mean army strength served for station hospital care forwarded to the regional or general hospital furnishing regional hospital care to reach the pertinent hospital not later than the Monday following the last Friday in the month? (Par. 4 b (2) (a), ASF Circular #68, dated 1945)

36. GENERAL AND REGIONAL HOSPITALS - Is a statement of mean army strength received from each station hospital furnished regional hospital care not later than the Monday following the last Friday in the month? (Par. 4 b (2) (a), ASF Circular #68, dated 1945)

37. CONValesCENT HOSPITALS - For each evacuee patient admitted to the hospital, is an index card prepared containing the name, Army serial number, and date of admission? (Par. 5 c, ASF Circular #68, dated 1945)

38. REGIONAL HOSPITALS - For each patient admitted to the hospital, is an index card prepared containing the name, Army serial number, or type of non-Army patients, date of admission, evacuee status, if any (whether intransit or not intransit), and whether or not patient requires regional or station hospital type of care? (Par 5 d, ASF Circular #68, dated 1945)

39. a. Is an index file maintained for Army patients requiring station hospital care, subdivided between evacuees, other than "intransit" evacuees, and non-evacuees? (Par. 5 d (2) (a), ASF Circular #68, dated 1945)

b. Is an index file maintained for patients requiring regional hospital care, subdivided between evacuees, other than "intransit" evacuees, and non-evacuees? (Par. 5 d (2) (b), ASF Circular #68, dated 1945)

c. Is an index file maintained for non-Army patients occupying beds, subdivided according to type of patient, i.e., other than United States armed forces, Allied and Neutral armed forces, prisoners of war, Veterans Administration patients, and other civilians? (Par. 5 d (2) (c), ASF Circular #68, dated 1945)

d. Is an index file maintained for Army patients absent from the hospital on leave, furlough, and AMOL for less than 10 days,

- (1) Evacuees, other than "intransit" evacuees, requiring regional hospital care.
- (2) Non-evacuees requiring regional hospital care.
- (3) Evacuees, other than "intransit" evacuees, requiring station hospital care.
- (4) Non-evacuees requiring station hospital care.
- (5) Evacuees carried on "intransit" status.

(Par. 5 d (2) (d), ASF Circular #68, dated 1945)

40. GENERAL HOSPITALS: For each patient admitted to the hospital is an index card prepared containing the name, Army serial number or type of non-Army patient, date of admission, evacuee status, whether or not patient requires general, regional, or station hospital type of care, and the type specialized treatment provided? (Par. 5 c (1), ASF Circular #68, dated 1945)

a. Is a current file of index cards in alphabetical order maintained on the following:

- (1) File A. - Army patients requiring station hospital care who occupy beds.
- (2) File B. - Army patients requiring regional hospital care who occupy beds.
- (3) File C. - Army patients requiring general hospital care who occupy beds. Is this file subdivided between evacuees, other than "intransit" evacuees, and non-evacuees?
- (4) File D. - Non-Army patients, occupying beds. Is this file subdivided according to type of patient, i.e., other than United States armed forces, Allied and Neutral armed forces, prisoners of war, Veterans Administration patients, and other civilians?
- (5) File E. - Army patients absent from hospital on leave, furlough, and AMOL for less than 10 days. Is this file subdivided between:



- (a) Evacuees, other than "intransit" evacuees?
  - (b) Non-evacuees requiring general hospital care?
  - (c) Patients requiring regional hospital care?
  - (d) Patients requiring station hospital care?
- (6) File F. - Evacuees who are carried on an "intransit" status.
  - (7) File G. - Duplicate index cards prepared for patient given specialized care. Is this file subdivided between evacuees and non-evacuees, and within these two groups further subdivided according to type of specialty?

(Par. 5 e (2), ASF Circular #68, dated 1945)

41. Are hand counts made of all index files at the end of each report period, (the last Friday of each month) and is this information used to complete MD AGO Forms 8-188 and 8-190? (Par. 5, ASF Circular #68, dated 1945)

42. When a patient has been transferred to the hospital and discharged to duty, is his commanding officer notified by letter, through the surgeon of his station? (Par. 7c (3), AR 40-590)

43. Is the above rule followed when a patient is transferred from hospital to quarters under the same circumstances? (Par. 7d, AR 40-590)

44. On all cases transferred to another army hospital, is a copy of MD Form 55a Clinical Record Brief filed in lieu of the original record?

45. Are patients who require additional medical and domiciliary care after maximum hospitalization has been attained, discharged to the care of the Veterans Administration under the provisions of AR 615-361?

46. When practicable and where suitable facilities are available, are women who have been honorably discharged or relieved from active duty from the army because of pregnancy eligible for maternity care during that pregnancy and confinement, and for out-patient post-natal care for at least six weeks thereafter? (Section II, MD Circular 292, 25 September 1945)

47. Are all cases of communicable diseases (including venereal diseases) occurring at the post reported promptly to the appropriate civil authority? (Section VI, AR 40-1080)

a. Are communicable diseases, births, and deaths in the community reported in compliance with the local health laws and regulations? (Section VI and VII, AR 40-1080)

b. Is the original copy bearing the signature of the reporting officer forwarded to the civilian authorities in all cases? (Par. 42, AR 40-1080)

c. If a carbon copy of reports to Civil Health Authorities is not retained in file, is notation made on clinical record of patient of date of report of case to health authorities? (Circular Letter, Hq Second Service Command, subject: "Reports to Civil Health Authorities", dated 21 February 1944)

d. When upon the separation from or rejection for enrollment in the active army service of any individual who is suffering from a reportable communicable disease, is the name of the separated individual, his prospective address, and the disease from which he is suffering reported to the civil health authority of the state in which he contemplates making his home? Are venereal diseases also reported? (Par. 44, AR 40-1080)

48. Are complete records of autopsies kept at the hospital? (Par. 19 d (2), AR 40-590)

49. Are copies of all autopsy protocols sent to the Curator, Army Medical Museum? (Par. 19 d (2), AR 40-590)

50. How many deaths and percentage of autopsies during the past calendar year?

51. Whenever the death of a person occurs at the hospital, is an official report in writing made to the station commander giving required information? (Par. 19, AR 40-590, and Par. 2, AR 600-350)

52. When a patient has reached a stage which seriously endangers life, is the person designated by the patient to be notified in case of emergency always notified? (Par. 2 b (4), AR 40-590)

53. Upon the death of military personnel at a post, camp, or station, does the commanding officer of the station hospital notify the commanding officer of the post, camp, or station, and the deceased's immediate commander? (Section II, Par. 2 a, AR 600-550)

54. Does the notification of death include the information contained in Section II, Par. 2 b and c, AR 600-550?

55. Is the care of deceased personnel in accordance with WD Circular #145, dated 16 May 1945?

56. Are there any venereal diseases treated as out-patient? Are they carded for record only? (Par. 8 b (1), AR 40-1025)

57. Are all pregnancies treated as out-patients carded for record only? (Par. 8 b (3), AR 40-1025)



58. If dispensaries are operated on the post, is information furnished promptly of all quarters cases so that they may be properly registered?

59. Are syphilis cases classified and reported? (Par. 30, SGO Circular Letter #1, dated 1944, and Par. 6, AR 40-1080)

60. Is it understood that if an individual acquires a venereal infection and has complied with existing Army regulations requiring him to report and receive treatment for such disease, the line of duty will be recorded as "LD: Yes"? (Par. 63 d (3), AR 40-1025)

61. If a hospitalized individual contracted venereal disease prior to his entrance into service, is the line of duty status recorded as "LD: No, EPTS"? (Par. 63 d (3), AR 40-1025)

62. Are individuals inducted into the Army with venereal disease, and hospitalized for the treatment of such disease regarded as cases incurred not in line of duty due to a condition that existed prior to service, and is the line of duty status recorded as "LD: No, EPTS"? (Par. 63 d (3), AR 40-1025)

63. Is the line of duty status entered on MD AGO Form 8-24 and 8-26 on all cases of venereal disease regardless of whether the appearance of the initial symptoms occurred prior to, or subsequent to the patient's entry into active service? (Par. 63 d (3), AR 40-1025)

64. Is it understood that there are no provisions for the collection of ward service charges, and that collection of these charges from dependents of military personnel is to be discontinued at once? (Change 4, AR 40-590, 1945)

65. When civilian employees of the Federal Government, who are entitled to hospitalization and medical care under the United States Employee's Compensation Act are treated in any Army hospital are the following forms received or rendered in accordance with Par. 3, MD Circular #175, dated 12 June 1945)

a. Are original copies of CA 16 (Request for Treatment of Injury Under the United States Employees' Compensation Act) or CA 17 (Request for Treatment of Injury Under United States Employees' Compensation Act when Cause of Injury is in Doubt), kept on file by the hospital?

b. Are copies of CA 20 (Attending Physician's Report) executed by a medical officer and forwarded to the United States Employees' Compensation Commission thru the employees official superior?

c. Is CA 21 (Report of Patient's Discharge) executed by a medical officer and forwarded to the United States Employees' Compensation Commission upon discharge of a beneficiary from the hospital?

d. Are reports of hospitalization of beneficiaries of the United States Employees' Compensation Commission submitted to The Surgeon General, United States Army, Washington 25, D. C., Attention: Fiscal Division, on WD AGO Form R-5057 (Report of Hospitalization), Reports Control Symbol AA-P4-01, not later than 10 days after the close of the month?

e. Is the Report of Hospitalization, WD AGO Form 5057, accompanied by one true copy of WD Form 351 (Voucher for Commutation of Rations in Hospitals)?

66. In the case of a transfer of a beneficiary of the United States Employees' Compensation Commission to another hospital for treatment, is prior authorization received from the Commission or from a field office, unless an emergency case? (Par. 5, WD Circular #175, dated 1945)

67. Upon arrival of a beneficiary at a debarkation hospital, is the nearest United States Employees' Compensation Commission representative notified in order to ascertain details regarding the disposition? (Par. 5, WD Circular #175, dated 1945)

68. Are the reports of outpatient treatments administered to beneficiaries of the United States Employees' Compensation Commission submitted to the Surgeon General, U. S. Army, Washington 25, D. C., Attention: Fiscal Division, on WD AGO Form R-5058 (Report for Out-Patient Treatment), Reports Control Symbol AA-P4-02, prepared in duplicate and the original signed by the commanding officer of the hospital and forwarded not later than 10 days after the close of the month? (Par. 7, WD Circular #175, dated 1945)

69. Is a record of out-patient treatments given to beneficiaries of the United States Employees' Compensation Commission maintained, including the following information:

- a. Name in full of the injured employee.
- b. Date of injury.
- c. Diagnosis of the injury for which treated.  
(Causative agent must be stated in each case).
- d. Date of each treatment rendered.
- e. Date of discharge from treatment, or other disposition.
- f. Total number of treatments for each separate and distinct injury.
- g. Physical condition of the injured employee upon discharge from treatment. (If fully recovered, so state; if not fully recovered, record the probable extent of future disability and prognosis). (Par. 7, WD Circular #175, dated 1945)



70. Is there any accumulation of obsolete, damaged, or unserviceable property on hand? (Par. 20 a, AR 700-10)

71. Does the registrar maintain a file of property held on DD AGO Form 446?

72. Has all medical property in the sick and wounded office been examined and verified by a commissioned officer of the Medical Department within the last year? (Par. 28, AR 35-6520)

73. Are malaria report cards prepared and rendered on each case within 7 days after final disposition is made? (Section I, ASF Circular #137, dated 1946)

74. Are cases of tuberculosis discovered among military personnel disposed of in compliance with Circular #122, dated 1946?

75. Are tuberculosis cases reported in compliance with Par. 44, AR 40-1080, and Section III, MD Circular #313, dated 24 July 1944?

76. Are all births and deaths occurring at army stations reported to the local health authorities? (Pars. 43 and 45, AR 40-1080)

77. Does the entry under "Remarks" in the patient's Immunization Register (DD AGO Form 8-117), when suppressive malaria medication has been instituted, contain the following? (Section V, MD Circular #183, dated 20 June 1945)

a. Drug employed.

b. Date when suppressive medication was instituted.

c. Date when it was stopped.

## II. DISCHARGES (CDD PROCEDURE)

78. As soon as it is apparent that an enlisted man is to be discharged for disability, does the commanding officer of the hospital communicate with other Army hospitals within continental limits of the United States at which enlisted man has been previously treated, and obtain therefrom all original records of his previous treatment? (AR 615-361)

79. Does the Registrar advise each enlisted man who is to be discharged for disability of his right to file an application for disability pension (Veterans Administration Form 526) and counsel him as to the advisability of doing so before discharge, while the necessary clinical and other records are more readily available for transmittal to the Veterans Administration? (Section I, Par. 9 d, AR 615-361, dated 11 January 1946)

80. In those cases where the board of medical officers determines that the man will not be discharged, are the records,



including the photostat of the report of physical examination on entry upon active duty, requested prior to such determination filed as part of the clinical record? (Section I, Par. 2 d, AR 615-361, dated 11 January 1946)

81. Is DD AGO Form 40 prepared, completed, and signed by members of the CDD Board before the board adjourns? (Par. 4 c, TM 12-235)

82. Is only the original of DD AGO Form 40 signed by the President and Recorder of the CDD Board?

a. Does the Personnel Officer sign all copies certifying them as true copies of the original? (Par. 4 c, TM 12-235)

83. Are all steps in the discharge process completed in accordance with CDD Time Schedule contained in TM 12-235?

84. Once CDD procedure is anticipated, is the patient transferred to the station complement or detachment of patients? (Par. 5 b, TM 12-235)

85. Is a list of cases approved for discharge prepared and distributed the day the CDD Board meets? (Par. 5 d, TM 12-235)

86. Is prompt and speedy cooperation assured between all interested parties in order to guarantee the expedition of the various actions to be completed to affect separation from the service? (Par. 6, TM 12-235)

87. Are requests for designation of Veterans Administration Facilities made promptly and far enough in advance to prevent any delay after patient is recommended for discharge on CDD? (Section I, Par. 9 e, AR 615-361, dated 11 January 1946)

a. Are requests forwarded to Veterans Administration Facilities in duplicate and is a third copy retained as a suspense copy? (TAG 300, dated 6 February 1945, and TM 12-235)

88. Are individuals who are permanently unfit for Army service because of neuropsychiatric disturbances, not retained for definite treatment but discharged and arrangements made for further care by the Veterans Administration Facilities if indicated? (Par. 1 c (3), AR 615-361)

89. Are enlisted personnel developing tuberculosis unless terminal cases in which recovery would be jeopardized by early discharge transferred to the Veterans Administration Facilities, and discharged as soon as a definite diagnosis of tuberculosis and disablement for further military service are determined, except those cases mentioned in Par. 1 c (3), AR 615-361)

90. Is it understood that when an enlisted man is to be separated from the service on CDD, irrespective of line of duty status, and further hospitalization is necessary, he will be transferred to a Veterans Administration Facility and there

discharged? (Par. 1 c (2), AR 615-361)

91. Are there any delays in receiving service records and allied papers from the patient's former station? (Par. 2 b, AR 615-361)

a. What steps are recommended to be taken to prevent unnecessary delays?

92. If no X-ray of the chest has been taken within 90 days and no report of which is filed in current clinical records, is a chest X-ray made? (Par. 4 a, AR 615-361)

93. Has an officer been designated for the purpose of correlating and coordinating all procedures concerning separation of military personnel? (Letter: SUGM-H 220.8, subject: Discharge of Enlisted Men, dated 3 June 1945)

a. Does he determine in each case that orders leading to the separation of personnel either by CDD or otherwise are correct and that in each case the authority under which the soldier is separated is clearly stated in the order?

b. Does he verify the authenticity of requests for service records and allied papers?

c. Are orders directing transfer of members of detachments of patients to Separation Centers state specifically that the individual to whom reference is made is being transferred from such a detachment and clearly indicate the purpose and authority for such transfer? (See Check List for Coordinating Officer in Appendix)

94. Is it understood that the following will not be sent to Separation Centers? (Circular #188, dated 23 June 1945)

a. Those who are to be separated from active service due to a physical disability.

b. Dismissal or dishonorably discharged from the Army.

c. Discharged for pregnancy.

d. Discharged to accept other military status in any of the armed forces.

e. Individuals who entered military service outside the continental limits of the United States and who upon separation are returned to another point outside the continental limits of the United States.

f. Those to be separated from the service under the provisions of Par. 2 b (1), AR 615-368 and Circular #3, dated 1944.

95. Is the classification of officers for general or limited service and hospitalization and disposition of officers determined to be physically unfit for general service or for limited service governed by WD Circular #81, dated 1946?

96. Upon completion of observation and treatment does the disposition board make appropriate recommendations for disposition of the officer in compliance with Section III, WD Circular #81, dated 1946?

97. Is the procedure of the Army retiring board as prescribed by AR 605-250, and it is understood that final action upon these proceedings will be taken by the War Department? (WD Circular #81, dated 1946)

98. Does the ward officer anticipate the appearance of an officer before the Army retiring board and does he notify the Registrar immediately so that the following records may be secured?

a. Records from the Adjutant General.

(1) Statement of Service of the officer, WD AGO Form 261.

(2) Available original entrance physical examination.

(3) Other available original records, field tags, clinical records and registrar cards.

b. Clinical records of an officer from other United States Army hospitals.

c. Officers Qualification Card, WD AGO Form 66-1, 66-2, 66-3.

99. Are the following records submitted to Veterans Administration Facility regardless if officer received retired pay or disability pension?

a. Photostat of reports of physical examination at time of entrance on active duty.

b. One copy of each Report of Physical Examination (WD AGO Form 63)

c. Original clinical records from each hospital in the United States in which the officer has been hospitalized, including the one in which he is hospitalized at the time of appearing before the board.

d. Original clinical records received from The Adjutant General.

e. Photostats of Medical Report Card, WD AGO Form 8-24. (Formerly WD Form 52)



f. Application for pension (V.F. Form #26) or statement by the officer that he does not desire to file an application at the time.

g. Copy of orders (or other instrument) relieving officer from active duty.

100. When a board of medical officers examine an enlisted man or woman to be separated from the service on a certificate of disability or discharge, do they assign a code number to the medical cause of discharge in compliance with Section III, Par. 1, Circular #2, dated 1946?

101. If after every reasonable effort has been made to induce the enlisted man to file an application for pension, he does not desire to do so, is he requested to sign a statement to that effect? (Par. 9 d, M 615-361)

102. Are CDD patients discharged within 72 hours after the CDD Board convenes? (TM 12-235)

103. Do hospital disposition boards render formal reports only on persons mentioned in Par. 2 a to c of SGO Circular Letter #132, dated 23 July 1943?

104. Do all pertinent medical records, including laboratory and X-ray reports but not X-ray films, accompany personnel ordered to Separation Center for separation from military service? (D Circular #183, dated 23 June 1945)

105. Is additional information and assistance furnished all totally disabled insured personnel upon discharge or release from active duty? (Par. 37, M 600-110)

106. Are all available records transmitted to the Veterans Administration Facility at the time of discharge or not later than 24 hours after receipt? (Par. 9 c (5) (a), M 615-361)

### III. REGISTRATION AND MEDICATION

107. Is a "location index of patients" kept in the registrar's office or in the A and B office?

108. What is the average of admissions per day?

109. Are the following records prepared in the admitting office under the direction of the Registrar? (TM 3-262)

a. To be prepared for each patient at the time of admission:

- (1) Clinical Record Brief. (D ID 554 revised)
- (2) Locator cards.
- (3) D AGO Form 8-24.

- (4) Deposit slips.
- (5) Patient clothing slip, MD AGO Form 3-111.
- (6) Property tag, MD MD Form 76.

b. To be prepared daily:

- (1) Admission and disposition sheet.
- (2) Consolidated ward morning report.

c. To be maintained on a permanent basis and brought up to date daily:

- (1) Suspend files.
  - (a) Leaves for officer personnel.
  - (b) Furloughs for enlisted personnel.
  - (c) Passes for enlisted personnel.
  - (d) Clinical records.
- (2) Locator file for admitting office.
- (3) Registrar number index.

110. In the event a patient is unconscious when admitted does the admitting officer search the patient for money or valuables, in the presence of a witness, and is a receipt given for the articles which are to be safeguarded? (Par. 8 c (1), AR 40-590)

#### IV. C.O. DETACHMENT OF PATIENTS.

111. Are all hospital patients accounted for on the morning report of the hospital detachment of patients, and are they carried as attached from other organizations or as attached unassigned? (MD Circular #87, dated 26 March 1946)

112. Is the final payroll prepared the day after the CDD Board meets and is other action taken to complete the other personnel records? (Par. 5 e, TM 12-235)

113. Is the soiled clothing always washed as a part of the hospital laundry before being stored? (Par. 14 a (3), AR 40-590)

114. Are patients' clothing properly tagged in accordance with Par. 8 c (1), AR 40-590?

115. Is Form MD AGO 3-178 (Patients Deposit Certificate) now in use for accounting for money and valuables of patients admitted? (Par. 8 e (2), Change 2, AR 40-590, dated 1945)

116. Are patients who are cared for in a dispensary carried as on "quarters" status and the days lost considered as days lost in quarters? (Par. 4 f, Change 2, AR 40-550, and Par. 21 c, Change 1, AR 40-1080)

#### V. CUSTODIAN OF PATIENTS' FUNDS AND EFFECTS.

117. Are patients informed by the admitting officer or registrar that the hospital will receive money or valuables for safekeeping, and that the patient will receive a receipt signed by a commissioned officer? (Par. 8 c (1), AR 615-360)

118. When a patient does not desire to make a deposit, is a single copy of WD AGO Form 8-178 prepared, indicating that no deposit was made? Is the copy signed by the patient and filed? (Par. 8 c (2), Change 2, AR 40-590)

119. Is money or jewelry invariably deposited in a bank or in a safe, and other articles and papers in a locked compartment? (Par. 8 c (1), AR 40-590)

120. Are orders in effect, and well understood, that enlisted men will never receive money or valuables for safekeeping? (Par. 8 c (1), AR 40-590)

121. Does the Registrar, if custodian of the patients' fund, keep a file of WD AGO Form 8-139 (Patients' Deposit Certificates)? (Par. 8 c (2), Change 2, AR 40-590)

122. Does the custodian give each patient a duplicate copy of WD AGO Form 8-178, listing the money and valuables received from him for safekeeping, and are the copies signed by both the patient and the custodian? (Par. 8 c (2), Change 2, AR 40-590)

123. If a patient deposits valuables with a recipient other than the custodian, are three copies of WD AGO Form 8-178 prepared? Is the deposit delivered by the recipient to the custodian at the earliest practicable moment and does the custodian sign a copy receipt for the recipient? (Par. 8 c (2), Change 2, AR 40-590)

124. Is the above cash account balanced at least once a month? (Par. 8 c (2) (b), AR 40-590)

125. When a patient desires to withdraw or deposit valuables subsequent to the initial deposit, is the transaction entered in the appropriate space and does the recipient (either patient or custodian) initial both copies of WD AGO Form 8-178? (Par. 8 c (2) (a), Change 2, AR 40-590)

126. Is the patient required to initial the entries on the copies of WD AGO Form 8-178 when he withdraws money or valuables? (Par. 8 c (2) (a), AR 40-590, Change #2)

127. Has the patients' fund been audited by an officer other than the custodian at the end of each month? (Par. 8c(2)(c), AR 40-590)



128. Upon admission of a patient to the hospital, are his personal effects, other than money or valuables, listed in duplicate on MD Form 75, Patients' property card, in his presence (or in the presence of a witness if the patient is unconscious or insane), signed by the patient (if conscious) bundled and tagged for identification, using MD Form 76, Patients' property tags, and properly and securely stored? (Par. 8 c, (1), AR 40-590)

129. Does the Registrar's Office have a tickler or other follow-up system to indicate automatically the date to file application for disability benefits in each case when the patient will probably become entitled to waiver of premiums while under treatment? (Par. 35 b (3), AR 600-110)

PERSONNEL OFFICER

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

1. Are civilian employees appointed, promoted, etc., in accordance with instructions in Civilian Personnel Regulation #4, dated 6 May 1943 and CPR #35, dated 1 August 1943?
2. Are actual grades determined by appropriate job analyses in compliance with law and Civil Service Regulations? (Section I, WD Circular #389, dated 28 September 1944)
3. Are the files of civilian employees who have left the employment of the War Department being forwarded to the Discontinued Projects Branch? (Civilian Personnel Circular #3, dated 6 July 1943)
4. When civilian employment by the hospital is terminated, is the individual's intelligence file forwarded for permanent filing to the Discontinued Projects Branch, The Adjutant General's Office, Omaha, Nebraska? (Section I, WD Circular #316, 29 July 1944)
5. Are such quarters as are available furnished for the use of employees (including senior cadet nurses and Army Nurses' aides) and in time of war, American Red Cross workers, whose constant presence at the hospitals is necessary or appropriate? (Par. 13 e, AP 40-590, dated 29 August 1944)
6. Does the mail clerk have a copy of TM 12-375 and is he familiar with its contents?
7. In cases of enlisted men carried on sick report with an entry of "No: AR 35-1440" and after final action has been taken, does the personnel officer make the necessary entries on the pay-rolls and on the service record of the patient and affix his initials in the "date" column of the sick report opposite name of the patient in the last entry in which the notation "No: AR 35-1440" appears? (AR 40-1025 and Par. 6, AR 345-415)
8. Is instruction in sex hygiene and the prevention and control of venereal disease given to all enlisted men? (Par. 5, AR 40-215)
9. Has the personnel officer furnished each enlisted man a copy of Immunization Register (WD AGO Form 8-117)? (Par. 5, AP 40-215)
10. Have "other entries" as prescribed by par. 7, AR 40-215 been made in the WD AGO Form 8-117?
11. Is the use of WD AGO Form 219, "Previous Employer Card" mandatory on personnel discharged from active military service? (Section VI, WD Circular #117, dated 14 April 1945)
12. Are all requests to the Adjutant General for service records and allied papers of absentees returned to military control requested on WD AGO Form 385 in accordance with Section I, WD Circular #98, dated 30 March 1945?
13. Are the following notations made in the Service Record?



a. Arm or Service on Cover Page? (Par. 217, TM 12-250, dated October 1942 and TM 12-230, AR 345-125)

b. Army Specialty? (Par. 228, TM 12-250, dated October 1942 and TM 12-230, AR 345-125).

c. Remark as to religious preference or otherwise? (Change #9, Par. 23 c, AR 600-750)

d. Blood type? (Par. 7, AR 40-1715 and TM 12-230).

e. Date of reading of Articles of War attested to by Personnel Adjutant? (AR 345-125; par. 224 TM 12-250)

f. Statement to the effect that enlisted man does not desire insurance? (Par. 238, TM 12-250 and par. 27 b, AR 315-500)

14. Is WD AGO Form 625 attached to the individual service records? (Par. 261, TM 12-250)

15. Does a notation appear in each service record that certain articles of war have been read and explained within six months? (110 AW and TM 12-230)

16. Are the following entries made on WD AGO Form 66-1:

a. Infiltration entry?

b. Map reading?

c. Religion?

d. Signature of officers?

17. Are complete records of immunization entered in the service records? (Section III, AR 40-210 and TM 12-230)

18. Is a record made in each service record when the course of sex morality is completed? (TM 12-230)

19. Under the heading "Remarks Administrative" Service Record, is there a brief description of dentures and other prosthetic appliances, together with date of issue, spectacle prescription and date of issue of spectacles and such other administrative measure as is not shown elsewhere? (AR 345-125)

20. Is a record made of the size of shoes worn by each enlisted man in the individual service record and Form 32? (Par. 2 a, AR 850-125)

21. Are the signatures of enlisted men attesting to the accuracy of the information entered on emergency address cards? (WD Circular #338, and 353, dated 1942)

22. Is the records jacket (WD AGO Form No. 201) prepared for all military personnel in accordance with AR 345-15?

23. When a service record cover becomes worn or damaged to the extent that it no longer protects the contents therein, is it replaced by WD AGO Form 24-c? (Section V, WD Circular #95, dated 27 March 1945)

24. Is it understood that the nature of physically classifying individuals of the Physical Profile Serial system described in Supplement to MR 1-9, 22 May 1944, is not applicable to members of the Women's Army Corps? (AR 40-100)

25. Are the physical profile serials completed on all enlisted men in compliance with MR 1-9 (Supplement) 30 June 1945?

26. Is the "overseas service bars" entry made in the individual service record? (Par. 233, TM 12-250)

27. Is a separate record of company punishments maintained? (AR 345-125, TM 12-230)

28. Has Training Film 8-1402, entitled "Introduction to Combat Fatigue" been shown to all personnel of the Medical Department, Army Service Forces? (Section II, ASF Circular #442, dated 27 December 1944)

29. Has training film 8-2070, entitled "Reconditioning Convalescents for Return to Duty" been shown to all personnel of the Medical Department in Army Service Forces Installations? (Section I, Part II, ASF Circular #400, dated 8 December 1944)

30. Are all activities of the hospital covered?

31. What is the amount of time spent on preparing the data for WD AGO Form 862?

32. What difficulty has been encountered in reaching the standards set by the Headquarters First Army?

33. How many activities are listed under miscellaneous?

COMMANDING OFFICER

MEDICAL DETACHMENT

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)



1. What is the strength of the detachment, by grades?
  - a. According to Tables of Organization.
  - b. Army Area allotment.
  - c. Present actual strength.
2. What have been the gains in the detachment during the past 12 months?
  - a. By transfers.
  - b. From desertion.
  - c. Restoration to duty.
3. What have been the losses during the same period?
  - a. Disability.
  - b. Sentence of G. C. M.
  - c. Fraudulent enlistment.
  - d. Convenience of the Government (specify)
  - e. Minority.
  - f. Section VIII, AR 615-360.
  - g. Sentence by civil court.
  - h. Deserted.
  - i. Retired.
  - j. Died (diseases, accident, drowning, homicide, and suicide)
  - k. Other causes, enumerate.
4. a. How many enlisted men are this date on:
  - (1) Furlough.
  - (2) Pass
  - (3) A.W.O.L.
  - (4) D.S.
  - (5) Special Duty (specify)
  - (6) Restriction
  - (7) In confinement
  - (8) Other non-duty status
5. Attach a roster of the detachment showing:
  - a. Individuals by department, such as x-ray, mess, etc.

b. Individuals by grades and ratings. (Par. 2c, AR 40-590)

6. Is the administration of the detachment, Medical Department, in conformity with the general provisions of AR 245-5 insofar as applicable?

7. Are copies of hospital regulations posted in conspicuous places for the information and guidance of members of the detachment? (Par. 21, AR 40-590)

8. Are the men of the detachment contented?

9. Does the punishment book provide a page for each man punished as prescribed in Par. 113, TM 12-250, October 1942?

10. Has positive action been taken to improve the discipline and conduct of personnel under your command and insure in accordance with Par. 18 b, AR 600-40 that the appearance of your personnel is above reproach? (Sec. VII, WD Circular #140, dated 12 May 1945)

11. When a soldier is AWOL, does the detachment commander immediately cause an officer to search for, secure list and put away for safe-keeping all government property and clothing and soldier's effects? (Par. 304, TM 12-250)

12. Are prisoners searched for unauthorized articles prior to being placed in the Guard House? (Par. 23, AR 600-375)

13. If any men are awaiting trial, has there been any delay in the matter? (AW 70)

14. How many enlisted men of the detachment have been tried by courts-martial during the past 12 months?

General Court-Martial: \_\_\_\_\_

Special Court-Martial: \_\_\_\_\_

Summary Court-Martial: \_\_\_\_\_

TOTAL: \_\_\_\_\_

15. How many of the enlisted men of the detachment have been awarded company punishment under the 104th AW during the past 12 months?

a. Does the Detachment Commander personally dispose of all offenses under AW 104? (Par. 12 b, TM 27-255)

b. Is hard labor imposed upon enlisted men above the rank of Pfc? (Par. 4, TM 27-255, Par. 106 MCM)

c. Are EM notified of their rights to appeal to the "next

superior authority" when given punishment under AW 104? (Par. 15a (3), TM 27-255)

16. Do clothing and equipment records show the officers' and enlisted men's initials? (Par. 15 b (1) (b), AR 35-6560)

17. Are the "Record of Events" maintained in the morning report every 10 days as required by Par. 34, AR 345-400?

18. Does the detachment have a unit fund? Has it been checked for unauthorized expenditures? (AR 210-50)

19. Have members of the detachment been typed as blood donors and a list maintained of individuals who are available as donors? (Par. 3, AR 40-1715)

20. Is information concerning National Service Life Insurance furnished all military personnel upon discharge or release from active duty as provided in Par. 37, AR 600-100?

21. Are good conduct medals being awarded to personnel of Medical Detachment as provided in AR 600-68?

22. Are unit beauty shops operated by members of the Women's Army Corps and barber shops operated by enlisted men, which are exclusively for use of such personnel, considered minor profit making activities of a unit fund as defined in Par. 11 b (1)(b), AR 210-50, dated 1 June 1944?

23. Is there at least 40 square feet of floor space for each man occupying a bed in the squad room?

24. If there is not at least five feet between side bars of adjacent cots, is head and foot sleeping practiced? (Par. 10, AR 40-205)

25. Are any types of insects prevalent in the squad rooms? (Pars. 20-21-22, and 23, AR 40-205)

26. Are the men on night duty sleeping in a secluded quiet place?

27. Is a check made to determine that night men get proper sleep during the daytime?

28. Are there any complaints in regard to the detachment mess? If so, enumerate them. (Par. 16 b, AR 40-590)

29. What facilities are provided on the post in general, and in the hospital in particular, for the recreation of the detachment? (Par. 4 a, AR 210-50)

30. Are clothing and equipment of members of the medical detachment properly marked in accordance with AR 850-5 dated 15 February 1945?



31. Is the clothing in barracks hung according to a uniform directive?

32. Are shoes displayed under bunks in required manner?

33. Are barracks bags marked as required by Par. 10, AR 850-5?

34. Are the contents of the foot locker arranged in a uniform manner?

35. Is bedding aired at least once a week? (AR 40-205)

36. Is each man's bed and wall locker properly marked for identification?

37. Is soiled clothing kept only in the barracks bag?  
(Par. 7, AR 40-205)

38. Are sketches posted in conspicuous places showing how equipment should be displayed for inspection? (FM 21-15 and FM 21-100)

39. Does a commissioned officer superintend the fitting of issue shoes by the Pasco shoe fitting apparatus? (Par. 8, AR 40-205, par. 2 a, AR 850-125)

40. Is it understood that at stations where Quartermaster Corps laundry facilities are not available, the following items in possession of enlisted personnel may be laundered at government expense?

Bed linen, such as sheets, pillow cases and mattresses.

Blankets and comforters

White clothing issued to bakers, butchers, cooks and waiters (aprons, caps, and trousers) and laboratory coats used by instructors and others; the cost of this service being chargeable to Quartermaster Corps funds for contract laundering and dry cleaning? (Sec. VII, WD Circular 467)

41. Are enlisted men permitted to wear the white uniform when not actually engaged in an appropriate duty in the hospital? (Par. 12, AR 600-40)

42. Are the white uniforms of the enlisted attendants laundered as a part of the hospital laundry? (Change #6, par. 14 a, AR 40-590)

43. Are garrison shoes with rubber heels furnished men on duty in wards and departments of the hospital?

44. Are the detachment storerooms clean, neatly arranged, and individual equipment properly stored and tagged?

45. Does the detachment draw its full allowance of QM office supplies and cleaning and preserving supplies?

46. Are all Arms in the Guard House properly safeguarded?  
(AR 600-375)

47. Is the daily sick report sent to the detachment commander as soon as possible after an entry of "No: AR 35-1440" has been made in order that he may make a provisional notation on the payrolls and on the service record of the patient and affix his initials in the column "date" on the sick report opposite the name of the soldier in the first entry in which the notation "No: AR 35-1440" appears?  
(Change 1, par. 3 g, AR 345-415)

48. In case of enlisted men carried on sick report with an entry of "No: AR 35-1440" and after final action has been taken, does the personnel commander make the necessary entries on the payrolls and on the service record of the patient, and affix his initials in the "date" column on the sick report opposite the name of the patient in the last entry in which the notation "No: AR 35-1440" appears? (Par. 14, AR 345-415, 14 August 1945)

49. Is the new daily sick book (WD AGO Form 5) in use? If not, has the old form been modified? (AR 345-415)

50. Is every enlisted man of the detachment inspected by a medical officer each month? Non-commissioned officers of the first three grades will be inspected separately. (Par. 1, AR 615-250)

51. In addition to the monthly physical inspection noted above, does the commanding officer occasionally order a special venereal inspection upon recommendation of the surgeon, of all enlisted men, for the purpose of detecting cases of venereal diseases?

52. Are venereal disease prophylactic items issued to individuals without cost? (Par. 23 b (2), AR 40-210)

53. Is it understood that venereal disease prophylactic items issued to units will not be sold? (Par. 23 b (2), AR 40-210)

54. Is it understood that there is no authority for forced issue of venereal disease prophylactic items? (Par. 23 f (3), WD Circular #410, dated 19 October 1944)

55. Has every member of the detachment attended one course of instruction on sex hygiene?

56. Have enlisted personnel had basic training in Venereal Disease as provided by WD Training Circular #22, dated 1 April 1944?

57. What is the new case rate of 1,000 per annum for venereal disease for each month of the preceding 12 months for the detachment?  
(AR 40-1080)

58. Are the provisions of Section V, WD Circular #363, dated 7 September 1944 followed when it is suspected that prostitution exists in areas adjacent to the hospital?

59. Are the facilities for officers' refresher courses being utilized?

60. Has the detachment commander prepared training plans for the training of the unit, either a training program or a training schedule? If so, attach a copy. (MTP 8-101 and MTP 8-1)

61. Has every man in the detachment completed a course of instruction to the degree that he is proficient in: (FM 21-10)

- a. Knowledge of AW pertaining to enlisted men.
- b. Knowledge of AR pertaining to enlisted men.
- c. Knowledge of local orders pertaining to enlisted men.
- d. Military courtesy and customs of the service.
- e. Knowledge of uniform regulations pertaining to enlisted men.
- f. Personal hygiene and sanitation.

62. Are all applicable training circulars, this Headquarters, available?

63. Is a master schedule in operation?

64. Are weekly schedules progressive and do they allow for inspection of training of new increment?

65. Are schedules being followed; if not, are additional periods being used to make up lost time in order to return to the schedule?

66. Have the selectees completed training as provided under MTP 8-101?

67. Are selectees being used as fillers and understudies, and are they being properly rotated?

68. Are men being considered for Enlisted Specialists Schools, Officer Candidate Schools, and so forth?

69. Are frequent training inspections being made and are the instructors competent?

70. Is the training of selectees initiated within two weeks after induction as provided in SGO Circular Letter #32?

71. Is the use of M-8-220 for instructions and reference purposes encouraged?

72. Has the detachment as a whole completed its basic military training to include: (MTP 8-1 and MTP 8-101)



- a. Basic disciplinary training of a soldier.
- b. Physical training, personal hygiene, and first-aid.
- c. Their own interior economy and administration.
- d. Their own shelter, supply, and movement.
- e. Their own security.
- f. Signal communications.
- g. Protective measures against chemical agents.
- h. The expert care of their equipment and transport.
- i. The tactics and technique of the Medical Department.
- j. Their cooperative duties as part of the combat team.

73. Are adequate facilities and equipment available for both individual and unit training? Enumerate those which are inadequate or unavailable and state what steps have been taken to correct them.

74. Are enlisted men who completed prescribed courses of instructions being given certificates of proficiency, WD, MD Forms 60, 60a, and 60b, as provided under paragraph 10, AR 40-1005?

75. Are all men of the detachment capable of rendering first-aid in the post and in the field? (FM 21-10 and FM 21-11)

76. Are the prescribed Articles of War read and explained within six days after enlistment or reenlistment and once each six months thereafter? (110 Articles of War)

77. Are the standards and requirements of military training and physical status maintained in accordance with Sec. V, WD Circular #144, dated 16 May 1945?

78. Do members of the Women's Army Corps keep their hair neat and well above the collar? (Par. 8, WD Circular #462, dated 1944)

79. Do members of the Women's Army Corps use inconspicuous makeup and nail polish? (Par. 8, WD Circular #462, dated 1944)

80. Do the standards of proficiency for members of the Women's Army Corps require a thorough knowledge of standards of personal conduct, dangers of venereal diseases, and importance of its early diagnosis and treatment? (AR 600-110)

81. Is the training of Women's Army Corps Personnel in accordance with MTP 35-2, and given written scheduled duty hours? (Section IV, WD Circular #121, dated 19 April 1945)

82. Is a program of weight control for female enlisted personnel in force in compliance with Section XIII, WD Circular 447, dated 24 November 1944?





DIRECTOR OF SUPPLY

NAME

GRADE

DATE

PLACE

- I. Personnel
- II. Procedure
- III. Conservation
- IV. Storage and Issue of Prophylactic Items
- V. Linen Exchange

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

## I. PERSONNEL.

1. Are personnel adequate and well instructed in their duties? (Par. 2 c, AR 40-590)

2. What precautions are taken to insure that only trustworthy personnel are assigned for duty in connection with the storage and issue of property? (Par. 5 (1), AR 35-6520)

3. Who is entrusted with keys to storerooms, closets and lockers? Who has the keys for the strong-room containing narcotics, alcohol and barbituates? Is any other individual entrusted with these keys? (Par. 5 (2), AR 35-6520)

4. How many enlisted personnel are assigned to duty in the supply function? What are their grades and duties? How many civilians are employed and what are their duties?

## II. PROCEDURE.

5. Are standing orders in effect prescribing the dates and manner of issue and turn-in of supplies?

6. How often are routine issues made? Are they made on WD AGO Form No. 446? (Par. 47, TM 38-403)

7. Are property issue slips being filled promptly? (Par. 47, TM 38-403)

8. Are issues made at any hour of the day or night if a request is made? (Par. 53, TM 8-260)

9. Is there an established schedule for issuing supplies to organizations and satellite stations? Are these schedules coordinated with depot requisitioning schedules? (Par. 33, TM 38-403)

10. Does the medical supply officer understand that the turn-in of an unserviceable item and the obtaining of a replacement are separate and distinct transactions and not an exchange? Are turn-ins made on WD AGO Form No. 447? (Par. 48, TM 38-403)

11. Is property reported as excess, awaiting shipping instructions, segregated?

12. Are inventory counting slips used in support of Inventory Adjustment Reports?

13. Is each officer responsible for property obtained on memorandum receipt assigned a memorandum receipt number? Are these numbers preceded by the letter "M" shown in the regular voucher register along with debit and credit voucher numbers? (Par. 53, TM 38-403)

14. Is the medical supply officer familiar with the restrictions of local purchases? (Par. 24, TM 38-403)

15. Are monthly requisitions mailed in ample time to reach the Binghamton Medical Depot on or before the date prescribed by it for submission?

16. Does the medical supply officer have a file of the following:

a. Circular Letter #1, SGO, current year.

b. Supply memoranda from distribution depot.

c. Army regulations 35-6520, 35-6540, 35-6620, 35-6640, 35-6680, 35-6700, 40-590, 40-1705, with current changes posted.

d. Manuals, TM 8-262 "Fixed Hospitals"

TM 38-220 "Stock Control"

TM 38-205 "Army Supply Procedure"

M 402 "Storage"

M 414 "Procedure for Processing Requisitions"

e. Procurement Regulations.

f. War Department Circulars, ASF Circulars, Technical Bulletins, (TB Med 8 series) pertaining to supply.

g. Pamphlets and other directives relating to disposition of unserviceable property, spectacle program, artificial eye program, etc.

h. ASF Catalog Med with all changes posted.

17. Is a list maintained to show where emergency purchases of vaccines and serums can be made?

18. Are emergency purchases of drugs or biologicals made only when necessary and in compliance with Medical Supply Memorandum No. 22, Binghamton Medical Supply Depot, dated 19 February 1945?

19. Describe the system employed to insure routine maintenance of equipment, particularly that having storage batteries or moving parts.

20. Is the medical supply officer familiar with instructions regarding the shipment of containers for alcoholic liquor? (Par. 29, AR 55-155)

21. Are alcohols, alcoholic liquors, opium and the derivatives of cocoa leaves issued only on the written order of proper authority? (Par. 6 c, AR 40-1705)



22. How is ice procured for such uses as ice packs, medical photographic work, and the preservation of biologicals? (Par. 15 b, AR 40-590)

23. Are electric refrigerators adjusted to lowest temperature? (this results in continuous motor operation and many repairs)

24. Are dental operating units inspected at regular intervals with a view to avoiding breakdown and costly replacements?

25. Are medicinal gases procured in compliance with Medical Supply Memorandum #8, Binghamton, New York, dated 11 January 1945?

26. What was the date of the last audit by Finance Department? What were the results of audit? Have irregularities, if any, listed on Certificate of Audit been corrected?

27. Are stock record cards up to date? If not, how far behind actual issue or receipt is the posting? (Par. 28, TM 38-403)

28. Do station control levels indicate adjustments to meet changes in issue experience? Who adjusts levels? (Par. 13, TM 38-220)

29. Are station control levels revised by depots promptly posted to stock record cards? (Par. 14, TM 38-220)

30. Is disposition of excess property when directed effected promptly? (Par. 19, TM 38-220 and Medical Supply Memorandum #9, 1946, Binghamton Medical Depot)

31. Are back orders over 90 days cancelled? (Par. 17, TM 38-220) (Notice: Back orders on control items will not be cancelled)

32. Are stock record cards reviewed monthly? By whom?

33. Do stock record cards contain following information:  
(Section IV, TM 38-403)

a. Class

b. Stock number

c. Description

d. Order schedule

e. Package

f. Unit

g. Interchangeability

h. Date

- i. Maximum level
- j. Re-order point
- k. Due-in and due-out

34. Do stock record cards reflect a continuous inventory program? (Par. 20, TM 38-220)

a. What was the date of the last inventory of each class of supplies? (Par. 20, TM 38-220)

b. Were shortages adjusted in "Transfers" column and overages in "Quantity Received" column? (Par. 28, TM 38-403)  
Note: Examine several inventory adjustment vouchers to determine when an inventory is actually taken. It is impossible to conduct an inventory without some adjustments.

c. Are requisitions entered on left side of card due-in? (Par. 26, 28, TM 38-403)

d. Are issue slips, presented by units attached for supplies entered as due-out when items requested cannot be supplied? (Par. 47, TM 38-403)

e. Are appropriate entries made to cancel due-in and due-out data when supplies are received and issued? (Par. 47, TM 38-403)

f. Are due-in differentiated from due-out by use of colored ink or alternate blocks of lines? (Par. 28b, TM 38-403)

35. Are monthly summaries of initial and replacement issues listed in the spaces provided? (Par. 30, TM 38-403)

36. Are stock record cards neat and legible? Erasures should not be made in any record of accountability. Errors are properly corrected by lining out the erroneous entry and placing correct data immediately above or to the side of the error. (Par. 21, TM 38-403)

37. Is record of property on memorandum receipt entered in utility column of stock record card? (Par. 53, TM 38-403, Par. 15, TM 38-220)

38. Do stock record cards accurately reflect the amount fully of serviceable stock available for issue in the "ON HAND" column? Note: Spot checks should be made on expendable and non-expendable property. (Par. 34, TM 38-403)

39. Are issue slips WD AGO Form No. 446, used as debit memorandum receipts and turn-in slips WD AGO Form No. 447, as credit memorandum receipts? (Par. 23, TM 38-403)

40. Is there an unserviceable property register maintained on WD QMC Form #480 and unserviceable property record maintained on WD QMC Form #424 or a suitable substitute? (Par. 49, TM 38-403)

41. Are vouchers numbered serially for each fiscal year beginning, 1 July 1944? (Par. 27, TM 38-403)

42. On Register of Vouchers to stock accounts are QMC Forms #480 used? (Par. 27, TM 38-403)

43. Are voucher numbers prefixed by the letter "D" for debit vouchers, "C" for credit vouchers and "I" for inventory and adjustment reports and Reports of Survey? (Par. 27, TM 38-403)

44. Are the following files in use, with supporting vouchers available thereto?

a. One voucher register, (Par. 27, TM 38-403)

b. Requisition suspend file. This file will include the requisitions submitted to depot and copies will be held until active copies have been returned from the depot.

c. Individual jacket file for each officer holding property on M/R. (Par. 52 c, TM 38-403)

d. Accession Book for medical library books. (AR 35-6800.

45. Is a separate record of narcotics, alcohol, alcoholic liquors and barbiturates maintained in the narcotic room? Is this record made on stock record cards? Does this record agree with the items in stock? Have the balances been verified by a disinterested commissioned officer at least once each month, and the fact of verification noted on the records? (Par. 17, AR 40-590, Par. 6 c, AR 40-1705; and Par. 46, TM 38-403)

46. Do total amounts of several items shown on issue slips in M/R jacket files agree with total amounts shown in the memorandum receipt (utility) column of stock record cards?

a. Are copies of memorandum receipts in individual jacket files signed by or for officers currently on duty at this hospital?

b. When was the last consolidation of property on memorandum receipt accomplished?

c. How often are such consolidations routinely accomplished? (Note: Although there is no direct requirement that memorandum receipts be consolidated it is believed essential especially on occasion of transfer of responsibility and routinely every six months in order to assist the responsible officer to comply with the provisions of Par. 4 b, AR 35-6520?

d. Spot check on property in accordance with Par. (3) above.

47. Are the storerooms clean, neatly arranged, and properly protected from fire, water and other damages?



48. Has it been necessary to survey any property because of damage while in storage?

49. Is soiled laundry stored well away from clean, preferably with a full partition between?

50. Are locks of a type which offer greatest security against duplication of keys? (Par. 5 a (2), AR 35-6520)

51. Is there an accumulation of obsolete, damaged or unserviceable property on hand?

52. Is rotation of stocks practiced? Old stock should be to front of shelves and first issued.

53. Does condition of stock indicate conscientious effort in its care, and maintenance of serviceability? Viz: Blankets protected from moths, rubber goods protected by use of talc, instruments and other metal equipment protected from rust by use of oil or grease, etc. (Par. 6, AR 40-1705)

54. Are bulk supplies stacked in blocks starting at the wall and extending to the aisle? Are the containers stacked as high as possible? The only limit to the height of the stacks is the "Height of ceilings, crushability of containers, strength of floors, and lifting capacity of handling equipment". (Chapter 5, ASF Manual, M-402, "Storage")

a. Are fire and access aisles maintained in compliance with TM 38-402, dated March 1946.

55. Are supplies cross-stacked? The containers in one tier lengthwise and the next tier crosswise?

56. Is a locator system in use to readily locate bulk supplies? (Par. 20 c, M-402)

57. Are the component parts of gas casualty set complete, items 9775700 and 9775900, broken down to the component parts and the component parts taken up under their respective item numbers and stored separately? (Par. 1, Medical Supply Memorandum #14, Binghamton Medical Supply Depot, dated 5 February 1945)

58. Is penicillin stored in a refrigerator at a temperature of below 10°C (30°F)? Is smallpox vaccine stored in the freezing chamber of the refrigerator?

59. Are instructions on vaccine and serum containers invariably followed as to storage temperature, return of empty bottles and time expired stocks? Is the amount of biologicals on hand in excess of needs, in view of deteriorating factors?

60. Has the medical supply officer experienced any difficulty in securing the kinds and quantities of medical supplies required?

61. How many special and emergency requisitions have been submitted during the past 12 months? (Par. 9 b, AR 40-1705)

62. Do requisitions accurately reflect the data contained in stock record cards?

63. Are requisitions for teeth and facings forwarded to the distribution depot on Medical Department Form No. 145A-H? (Par. 11 c (1), TM 38-403)

### III. CONSERVATION.

64. Have medical department personnel been acquainted with the necessity of conservation of critical materials?

65. Are damaged or worn rubber items turned over to station salvage officer?

66. Are personnel acquainted with the provisions of Par. 61, SGO Circular Letter #1, dated 1944, regarding the care of hypodermic syringes and needles?

67. Are all salvagable x-ray films as indicated in par. 3 d and e of WD Circular Letter #147, dated 14 April 1944, forwarded to the Binghamton Medical Depot, Binghamton, N. Y., Attention: Salvage Officer? (SGO Letter, File DP 444.3-1, subject: "Disposition of Exposed X-ray Films", dated 21 April 1944)

68. Are surgical, dental and veterinary instruments (Standard and Unstandard) requiring repair beyond facilities of the post repaired in compliance with par. 2, Medical Supply #49, Binghamton Medical Supply Depot, dated 22 January 1945?

69. Does renovation of Medical Department equipment, including furniture, conform to Medical Department standards without changing the color or other essential characteristics of such equipment? (Medical Supply Memorandum, Binghamton Medical Depot, dated 12 February 1945)

70. Are reconditioned salvaged items properly charged to stock records? (Par. 49, TM 38-403)

71. Has any of the Medical Department equipment been repainted with different colors? (Medical Supply Memorandum #17, dated 1945)

### IV. STORAGE AND ISSUE OF PROPHYLACTIC ITEMS.

72. Are the following stock levels of prophylactic items maintained?

- a. Item 9118100, Prophylactic, mechanical, individual, 144 Medical Supply, 45 gross per 1,000 men 30 days.



b. Item 9118000, Prophylactic, chemical, individual, 144 Medical Supply, 10 gross per 1,000 men for 30 days. (Par. 2 d (1)(2), WD Circular #410, dated 19 October 1944)

c. In order to achieve maximum distribution of venereal prophylactic items for the prevention of venereal disease, and since these items readily lend themselves for uses other than for the purpose for which provided, are the supply control and issue carefully supervised? (Section III, Par. 3, WD Circular #193, dated 28 June 1945)

73. In determining the levels for medical supply (issue purposes) is the total army personnel attached to the hospital for medical care computed as the strength? (Par. 2 d (3), WD Circular #410, dated 19 October 1944)

74. Are prophylactic items issued by medical supply officers without reimbursement in the same manner as any other expendable item of supply? (Par. 2 f (1), WD Circular #410, dated 19 October 1944)

75. Is it understood that these items are ordinarily issued for use of personnel of the unit to which such items are issued, but in case of prophylactic stations and units so located as to be convenient to transient Army, Navy and Merchant Marine personnel, that these items may be issued for distribution to such transient personnel. (Par. 23 b (2)(a), AR 40-210)

76. Are procedures and precautions being observed for the proper safeguarding of narcotics as outlined in AR 40-1705 and remarked upon in SB 8-18, dated May 1945?

77. Are the policies and procedures for the procurement, storage, issue and requisition of Medical Department professional books being adhered to? (SB 8-20, dated May 1945)

78. Is it understood that there is no obligation upon the Army Medical Department to comply with restrictive state laws or regulations relating to the care and use of barbiturates? (SB 8-17, dated April 1945)

#### V. LINEN EXCHANGE.

79. Is the linen control procedure as authorized by ASF Circular #395, dated 1944, now in effect?

a. Date of last inventory?

b. Is the inventory processed in compliance with Par. 3, ASF Circular #222, dated 1945?

c. Amount of shortage on last inventory.



d. Have the shortages been placed on Report of Survey?  
(ASF Circular #395, dated 1944)

e. Are inventories made preferably on Sundays or after normal duty hours?

80. Is a maximum quota of linen established for each ward and clinic? (ASF Circular #395, dated 1944)

a. Does the linen officer maintain a quota file for each ward?

b. Is a copy of the table of allowances or maximum quota posted on bulletin boards?

c. Is a periodic check made on each ward and clinic for overage and shortages?

81. Does the linen officer fill all requisitions from the wards?  
(ASF Circular #395, dated 1944)

a. Does the ward linen room contain more items than allowed on unit reserve quota? (ASF Circular #395, dated 1944)

b. Does the linen officer fill all requisition from the wards?

c. Does the ward linen room contain any items that should be stored elsewhere?

82. Are the linen rooms on all wards kept under lock and key at all times?

83. Is the outgoing and incoming linen checked, and signed by a responsible person?

a. Have any discrepancies been noted in the outgoing and incoming count?

b. Have any attempts been made to make up shortages?

c. How have the shortages been reconciled?

84. Are officers used for taking inventory? (ASF Circular #222, dated 1945)

85. Are articles of linen issued direct to wards, clinics or departments of a general hospital by the Director of Supply?

86. Are articles torn beyond repair retained by the wards, clinics, or departments for use as cleaning rags? (Section III, ASF Circular #395, dated 1944)

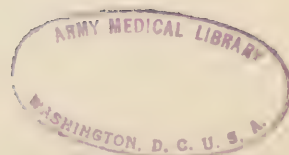
87. Are condemned textile articles authorized to be destroyed, handled in the manner stated in Section III, ASF Circular #395, dated 1944?

88. Does the linen officer maintain a schedule for the pick up and delivery of soiled and clean linen at the door of the building in which each ward, clinic or department is located? (Section III, ASF Circular #395, dated 1944)

89. Is white clothing and such other articles of protective clothing used by hospital personnel, issued on memorandum receipt to wards and individuals? (Section III, ASF Circular #395, dated 1944)

90. Is a report of shortages and overages of equipment submitted monthly on WD AGO Form 270 on all units, activities and installations? (Section I, ASF Circular #243, dated 27 June 1945)

91. Are WD AGO Forms 270 reproduced locally? (Par. 10, Section I, ASF Circular #243, dated 1945)







DIRECTOR OF DIETETICS

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

1. What is the organization of the mess force? (Par. 16 b and c, AR 40-590)

a. Is the mess personnel sufficient and well qualified?

2. Is there a certificate posted in the kitchen that each permanent food handler has been examined by a medical officer within the past month, and is free from communicable diseases? (Par. 13, AR 40-205)

3. Are stool examinations a part of food handlers' examination when directed? (AR 40-205, par. 13 c (2))

4. Do the cooks and mess attendants always wear white uniform and cap while on duty, and do they keep their hair cut short, nails short and clean, and their person clean? (Par. 7, AR 40-205 and Par. 14, AR 40-205)

5. Are the cooks clean and efficient? (Par. 14, AR 40-205 and Par. 18 c, TM 10-205)

6. Is any hospital property used for other than Medical Department purposes, if so, specify. (Par. 2 c, AR 40-590)

7. Is all property protected from danger from theft, fire, and other damage? (AR 40-590, Par. 2 c)

8. Is there any accumulation of obsolete, damaged, or unserviceable property on hand? (Par. 6 a, AR 40-1705 and Par. 17, AR 700-10)

9. Is there any property or supplies on hand which is not required for current use? (AR 40-1705 and TM 38-205 and TM 38-220, Section IX)

10. Is there any unserviceable durable property purchased from the hospital fund now on hand? If so, itemize. (Par. 12 and 13, AR 210-50)

11. Does the mess officer maintain a file of property held on memorandum receipt? (Par. 19, AR 35-6520)

12. Are mess supplies and equipment adequate and satisfactory? (AR 40-1705, Medical Department Supply Catalog).

13. Are containers for poisons, such as rat poisons, reach powders, etc., kept in the mess room?

14. Are windows of buildings in which subsistence is stored properly safeguarded? (Par. 28 a, TM 10-215)

15. Is the subsistence properly stored according to its perishable nature? (TM 10-205, Section V)

16. Are galvanized containers used for storage of cut fruits, salads or fruit drinks? (Section V, WD 138, Circular dated 1945).

17. Is it understood that food will not be stored in now type meat cans or canteen cups? (Section II, WD Circular #384, 23 September 1944)

18. Is the mess equipment properly maintained and kept in a good state of repair? (TM 10-205, Par. 9)

19. Is foodstuff protected from excessive temperature, dirt, insects, rats, rot and insecticides? (TM 10-205, Section V)

20. Are spoiled foods kept apart from other foods in the storerooms? (Par. 50, TM 10-205)

21. Have knife racks been provided for kitchen cutlery? (SB 10-122)

22. Are wash rooms convenient to mess personnel? (TM 10-205, par. 75 c)

23. Do latrines have signs cautioning personnel to wash hands?

24. Are garbage cans kept tightly covered? (Par. 16, AR 40-205)

25. Is garbage properly segregated? (Par. 44, TM 21-10)

26. Are garbage cans placed upon satisfactory stands? (Par. 16, AR 40-205, and Army Medical Bulletin No. 23, Chapter XVI)

a. Is the stand so arranged that garbage can easily be poured into the cans?

b. Is the stand and the surrounding ground clean and free from odors?

c. Does the garbage collector transfer garbage from can to can during collections at the kitchen, thus creating a polluted condition of the soil? (Par. 16, AR 40-205, Section III, WD Circular 373, dated 1945)

d. Are the garbage cans thoroughly cleaned before they are returned to the stands? (Par. 16, AR 40-205)

27. Have menus for diets prescribed by or under the supervision of the commanding officer been made out and posted in the kitchens? (Par. 16 f (1), AR 40-590)

28. Are Diet Slips, WD AGO Form 8-109, filled out by each ward officer daily immediately after he has made his first visit to the ward and covering the requirements of the ward patients for the ensuing 24 hours, and turned over to the mess officer? (Par. 16 f (2), AR 40-590)



29. Are additional cards for newly admitted patients made out promptly and sent to the mess office without delay? (Par. 16 f (2), AR 40-590).

30. Is the present menu followed and only authorized substitutions made? (Par. 9, TM 10-205)

31. Are left-overs kept to the minimum and utilized to the fullest extent? (Par. 9, TM 10-205)

32. Are menus so arranged that the diet contains adequate amounts of calories, protein, fat, carbohydrates, vitamins, and mineral salts? (AR 40-205)

33. Are weekly menus so varied that no essential article of diet is ignored because of faulty preparation or too continuous or frequent use? (Army Medical Bulletin No. 23, Chapter VIII and TM 10-205, Section IV)

34. How often are the following foods served?

- a. Butter
- b. Fresh milk
- c. Desserts.
- d. Fresh fruits
- e. Fresh vegetables
- f. Bread puddings
- g. Bologna

35. What variety of breadstuff is served? (TM 10-410, par. 8)

36. a. Does the mess officer constantly supervise the mess and exercise every precaution to prevent waste and misuse? (Par. 16 c, AR 40-590)

b. Does he use the utmost care when assigning personnel to mess management to assign only those of known probity and good habits?

c. Does he by frequent inspections see that waste or wrongful diversion of supplies or funds is not permitted, and that the mess is so managed that neither patients nor duty personnel will have just grounds of complaint over the quality or quantity of their food?

d. Does he inspect the Mess Account at frequent intervals so as to keep constantly informed on the status of the mess accounts? (Par. 16 c, AR 40-590)

37. Are officers on duty at the hospital subsisted at the hospital mess? (Par. 11, AR 40-590)

38. Has the commanding officer appointed a central procurement officer, to purchase all food and beverages and administer food

rationing, matters for all government activities serving food or beverages on the post? (WD Circular #36, dated 1945, Section I)

39. Does the mess officer have a chart or index of the various regulations and other instructions pertaining to the mess and hospital fund for ready reference, i.e., Army Regulations, War Department Circulars and SGO Circular Letters, and such other instructions as may be applicable?

40. Does the mess officer have copies of TM 8-500, TM 10-205, TM 10-410, TM 10-405, TM 10-412?

41. What is the average number of duty status men to be fed daily? (Par. 41, change #1, Section V, AR 345-400)

a. What is the average number of patients who eat in the messhall daily?

b. What is the average number of patients who receive their food in wards daily?

42. At what hour does the mess officer receive notification of daily patient strength, showing the subsistence classification of patients? (Par. 16 c (2), AR 40-590)

43. Have rules for management of diet kitchen been prescribed by the commanding officer? (Par. 16 a (5), AR 40-590, Par. 21, AR 40-590).

a. Are facilities for serving and sending meals to ward patients adequate? (Par. 16 (b), AR 40-590).

b. Is food that is intended to be served hot always delivered to the patient in that condition?

44. From what sources are monies received which are credited to the hospital fund at this station? (Par. 9 b, AR 210-50).

45. What have been the monthly balances each month during the past 12 months. (Par. 9 c, AR 210-50)

46. Is the dietitian (or if none, the head nurse), responsible for the service of meals on wards? (Par. 16 c (2), AR 40-590)

a. Is she required to make full report when food is not satisfactory?

b. Does she attempt to immediately rectify any mistakes observed?

c. Is proper tray service provided for all bed patients?

d. Is tray service attractive, food appetizing, and promptly served upon reaching the ward?

- e. Is there a sufficient variety and quantity in each meal?
- f. Is food properly cooked?
- g. Is there any waste?
- h. Are attendants permitted to eat in the wards or diet kitchens?

i. Does the ward officer personally inspect the service of one meal daily in his ward?

47. Are foods overcooked or prepared too far in advance of meal time resulting in loss of nutritive value? (Par. 12 c (2), AR 40-205, and Par. 40 a, Change 6, TM 21-10).

48. Are the garbage cans inspected regularly to detect any evidence of wastage? (Par. 16 b, AR 40-590).

49. What are the hours for each meal? (Par. 26, AR 210-10)

a. Is a check made by the mess officer to see that each meal is served exactly on time?

b. Is there more than one sitting at any meal? (ASF Circular #112, dated 1943). If so, how many men eat each sitting?

c. What is the time interval between sittings? (Par. 16 d (1), AR 40-590)

50. Are the mess rooms, kitchen, pantries, and storerooms clean and well arranged? (Par. 14, AR 40-205).

51. What system is in use to insure that the mess officers know that certain dishes and utensils have been used by patients with communicable diseases in order that such dishes will not be stored or used before being sterilized? (AR 40-590, par. 16 d (1))

52. Are the mess rooms tightly screened, and with screen doors that close automatically? (Par. 14, AR 40-205).

53. Is there any evidence of the presence of flies, roaches, or ants in the mess rooms? (Par. 14, AR 40-205)

54. Are all food receptacles, dishes, and table articles protected from insects? (Par. 14, AR 40-205)

55. Is all food protected against sun, heat, dust, insects, rodents, and other damaging or contaminating agencies? (Par. 12 a, AR 40-205, and Par. 32 c, TM 10-205).

56. Are the ice boxes and refrigerators elevated at such height above the floor as will permit cleaning and inspection underneath? (Par. 14, AR 40-205)



a. If ice boxes are used, is there adequate provisions for drainage?

b. Are the ice boxes kept scrupulously clean? (Par. 14, AR 40-205)

c. Are proper temperatures maintained?

57. Are dishes adequately sterilized with hot water or given a chlorine rinse after each meal? (Par. 15 b, AR 40-205)

a. Are dish cloths in use? (AR 40-205, par. 15 b)

58. Is meat suspended in the refrigerator in such manner that it cannot touch walls, partitions, or other material. (Par. 12 b (2), AR 40-205)

59. Are meat and dairy products inspected by a veterinary officer when delivered? (Par. 12 a, AR 40-205)

30. What percentages of total expenditures for subsistence is obtained from the Sales Commissary? (Section II, TM 10-215)

61. What foods were purchased directly from commercial markets? And for what reason? (Par. 18, Change 9, AR 30-2210, Par. 11 a, AR 210-50)

a. Enumerate the sources from which foods and mess supplies have been purchased during the last completed month. (Par. 18, Change 9, AR 30-2210)

b. Have certificates of non-availability been obtained for non QM purchases? (Par. 16 a (2), AR 40-590)

32. What is the amount of the usual dividends received from the post exchange? (Par. 4 a, AR 210-65)

63. Are garrison rations collected for civilian employees from whose salaries a deduction is made for value of meals furnished? (Change #2, Par. 18, AR 40-590)

64. Is the Mess Account kept up to date from day to day? (Par. 16 c, AR 40-590).

65. Is daily check made with the registrar to assure accuracy of all figures of income? Are such figures reconciled before preparation of Statement of Hospital Fund in Sick and Wounded Report and Laundry Report?

66. Who makes purchases and orders the mess supplies? (Par. 16 b, AR 40-590)

67. Is a stock record card or other system used to account for supplies received and issued? (Par. 16 d (1), AR 40-590)

68. Is every delivery of supplies to the mess scrutinized as to amount and quality? (Par. 16 d (1), AR 40-590)

69. Are the food storerooms guarded by lock and keys, bars and grating? (Par. 16 d (1), AR 40-590)

a. To whom are the keys of the storerooms intrusted? (Par. 16 b, AR 40-590)

70. Is there an accounting system in operation for processed foods similar to procedures used in accounting for the hospital fund?

71. Are accounts and records pertaining to ration in effect, posted and accurately maintained at all times? (Par. 9, TM 10-205)

72. Are inventories pertaining to the mess properly recorded? Are they taken on the 10th, 20th and last day of the month? (Par. 9 and 104 a (20), TM 10-205)

73. Is the hospital fund managed in accordance with special instructions of the Surgeon General?

74. Is the hospital fund set up to handle financial transactions pertaining to all messes operated under authority of the commanding officer of the hospital? (Par. 18 (c), AR 40-590)

75. Has a hospital fund council been appointed? (Par. 18 c, AR 40-590)

76. Are all funds received for the subsistence of patients placed in the Hospital Fund? (Par. 12 a (2)(a), AR 40-590)

77. Does the custodian of the hospital fund forward within three days a check for payment of indebtedness due from paying patients delivered at receiving hospital to the custodian of the proper Terminal Subsistence Account? (Par. 6, WD Circular 184, dated 1945)

78. When cases are disallowed by the U. S. Compensation Commission, and on notification from the Surgeon General, is the subsistence charge originally collected refunded to the local disbursing officer for credit to the allotment originally charged, and is a true copy of the receipt form furnished by the disbursing officer forwarded to the Surgeon General? (Par. 4, Circular 175, WD, dated 1945)

79. Are reports of hospital subsistence account submitted monthly in compliance with par. 18 (j), AR 40-590?

80. Are the non-payment for subsistence charges for persons in the military service, civilian government employees and all uncollectable accounts made in compliance with par. 12 a (2)(b) (c)(d), AR 40-590, dated 29 August 1944?

81. Are charges made as noted below for patients not entitled to commutation of rations? (Par. 12, AR 40-590)

- a. Officers and warrant officers at \$1.00 per day.
- b. Officers and warrant officers of the Navy at \$1.00 per day.
- c. Civilians on the status of officers at \$1.00 per day.
- d. Enlisted men of the Navy, and retired enlisted men of the Army, an amount equal to the commuted rate.
- e. Civilians on the status of enlisted men an amount per day equal to the commuted rate for enlisted patients. (Par. 12, AR 40-590)

82. Is a system of control established for collecting accounts due from officers in accordance with WD directives? (Par. 8, AR 210-60, and Par. 12 a (2), AR 40-590)

83. Has it been necessary to take action under par. 12 a (2), AR 40-590 to collect unpaid subsistence charges?

84. What is the amount of subsistence accounts now due and over due? List separately. (Par. 12 a (2), AR 40-590)

a. Who receives and handles subsistence monies for the mess account? (Par. 12, AR 40-590)

85. Can retired enlisted men who have been advanced on the retired list to commissioned or warrant grades under the provisions of the Act of Congress, approved 7 May 1932, be subsisted as officer patients if they so desire? (Par. 12, Change 2, AR 40-590)

86. Is payment made on the payroll of enlisted men authorized to ration separately in accordance with WD Circular 134, dated 1944?

a. Are they included in the ration return?

87. How are collections made for meals furnished men authorized to mess separately? (Par. 111, TM 10-205)

88. When patients are received with unused meal tickets in their possession, are these meal tickets obtained and returned promptly to the proper Home Terminal for cancellation? (Par. 6, WD Circular 184, dated 1945)

89. Is WD AGO Form 10-127 (Ration Return) prepared each month for the collection of commuted rations for patients (Par. 11 b, AR 40-590) and garrison or hospital train rations? (Par. 3, WD Circular 184, dated 1945)



90. Is the rate for commutation of rations of patients fixed at 75 cents (90 cents for tuberculosis patients)? (Section II, WD Circular #391, dated 1945)

a. Is the value of the turkey ration added to the commutation rate for Thanksgiving and Christmas days? (Section II, WD Circular 391, dated 1945)

CHIEF, TRANSPORTATION SERVICE

NAME

GRADE

PLACE

DATE

I. General.

II. Facilities.

III. Maintenance and Repair.

Remarks and recommendations:

I certify that the answers  
to the following questions are correct.

\_\_\_\_\_  
(Signature of officer making report)

## I. GENERAL.

1. a. How many motor ambulances are in use? (AR 40-75 and AR 850-15)
- b. Is the number of ambulances in use at the station adequate?
- c. If not, has a requisition been made to the local Ordnance Department for additional ambulances?
- d. Are any of the ambulances unserviceable? If so, state the reasons.
- e. What efforts have been made to have the necessary repairs made?
- f. Has there been any difficulty in securing repairs? If so, explain.
2. Is there any accumulation of property or supplies on hand which is not required for current use? (AR 40-1705 and par. 17 b, AR 700-10)
3. Is there any obsolete, damaged, or unserviceable property on hand? (Par. 4 b, AR 40-1705 and par. 17 b, AR 700-10)
4. Is a file kept showing the property held on Memorandum Receipt? (Par. 4 b, AR 40-1705)

## II. FACILITIES.

5. Are the ambulances in use sheltered or garaged near the hospital in a building under the control of the Medical Department? (Par. 1 d, AR 40-75)
6. Is the garage (if not under control of the Medical Department) suitable for its purpose? If not, state needs. (Par. 5 b, AR 40-75)
7. Is the garage secure from theft, fire and other damage?
8. Is it clearly understood by the officer in charge that responsibility for the care and cleanliness of ambulances not in use is as follows:
  - a. When housed or garaged in an installation under the control of the Medical Department or not under the control of the Medical Department, the responsibility devolves wholly upon the Medical Department? (Par. 5 a, AR 40-75)
9. Is there a sufficiency of trained chauffeurs of the Medical Department to operate the ambulance service efficiently? (AR 40-75)



10. Is the motor ambulance marked with letters USA and registration number on the outside under the hood, on the right side, in the center of the upper part, and on registration plates, front and rear? (Section IX and X, AR 850-5)

11. Is the motor ambulance marked with a red cross - i.e., in the center of the middle or advertising panel of the body, on both sides, in the center of the top and on the outside; on the visor, or directly above the windshield, the word "AMBULANCE"; on each side of the word "AMBULANCE" a red cross; and on each of the rear doors? (Section IX and X, AR 850-5)

12. Is the motor ambulance marked with a caduceus, in maroon, on both sides of the body below the lower moulding and seven inches to the rear of the front body? (Section X, AR 850-5)

13. Are the tools and equipment belonging to the vehicle present, serviceable and properly mounted or stowed, and is this checked against the vehicle stowage list? (Par. 8 b (g)(21); TM 37-2810)

14. Are spot check inspections carried out as informally as possible, without prior warning and at irregular intervals? (Par. 24, TM 37-2810)

15. Are all ambulances provided with tire gauges? (Par. 36, TM 31-200, dated April 1943)

16. Is the ambulance properly equipped with lights for night driving? (AR 850-15)

17. Is it understood that metropolitan or field ambulances will not be equipped with sirens or special red lights? (Change #1, AR 40-75, dated 27 February 1945)

18. Are the ambulances equipped with such special articles, including litters and blankets, as may be required to assure the comfort and safety of patients in transit? (Par. 2 b, AR 40-75)

19. What emergency equipment is regularly taken along in case of a call? (Par. 2 b, AR 40-75)

20. Is each ambulance equipped with such special articles, including litters and blankets as may, in the opinion of the medical officer under whose direction the ambulance is operating, be required to assure the comfort and safety of patients in transit? (Par. 2, AR 40-75, dated 10 March 1944)

21. Is every driver required to carry WD Form 48 (Drivers' Trip Ticket and PM Service Record) except when in convoy? (Par. 4 a (1), TM 37-210)

22. Is Standard Form 26 (Drivers' Accident Report) kept in the vehicle at all times, and in case of an accident resulting in injury

or property damage is this form filled out by the driver on the spot or as promptly as possible thereafter? (Par. 4 a (2), TM 37-210)

23. Does each driver have in his possession in OO Form 9-74 (Motor Vehicle Operators' Permit) and does it contain the following:

- a. The validity of the permit with or without glasses indicated?
- b. Authentication of vehicles the operator is qualified to drive?
- c. Signature and rank of the examining officer?

(Par. 4 a (3), TM 37-210)

24. Does the War Department Lubrication Order accompany each vehicle at all times? (Par. 4 a (4), TM 37-2810)

25. Is a preventive Maintenance Roster (WD AGO Form 460) present for each motor vehicle, and is it maintained in compliance with par. 4 c, TM 37-2810?

III. MAINTENANCE AND REPAIR. (These questions apply only to those units operating a motor pool and responsible for 1st and 2nd echelon repair work)

26. Does the driver understand that preventive maintenance by the driver includes the following:

- a. Inspecting and servicing the vehicle in accordance with the operations listed on WD Form 48?
- b. Repairing defects which the driver is capable of repairing, equipped to repair, and authorized to repair?
- c. Reporting defects whose repair is not a function of the driver?
- d. Prevention of vehicle abuse?

(Par. 5 c, TM 37-2810)

27. Does the driver understand that the "good condition" of his vehicle means the equipment is usable within safe and serviceable limits and parts are not bent or twisted, not dented or burned, not broken or cracked, not bare or frayed, not dented or collapsed, not torn or cut, and adequately lubricated?

28. Does scheduled preventive maintenance include items contained in par. 7, TM 37-2810?

29. Does the driver check his vehicle before operation under all

situations with respect to items?

- a. Tampering, and damage.
- b. Fire extinguishers.
- c. Fuel, oil and water.
- d. Accessories and drives.
- e. Leaks in general.
- f. Engine warmup.
- g. Choke or primer.
- h. Instruments.

- (1) Oil pressure gauge or light indicator.
- (2) Ammeter.
- (3) Tachometer.
- (4) Fuel gauge.
- (5) Voltmeter.
- (6) Temperature gauge.
- (7) Horn and windshield wiper.
- (8) Glass and rear view mirrors.
- (9) Lamps and reflectors.
- (10) Wheel and flange nuts.
- (11) Tires or tracks.
- (12) Springs and suspensions.
- (13) Steering gear.
- (14) Fenders and bumpers.
- (15) Towing connections.
- (16) Body.
- (17) Tools and equipment.
- (18) Engine operation.
- (19) Operators publications.

(Par. 8, TM 37-2810)

30. Does the driver, during the operation of his vehicle, check the following items?

- a. Steering.
- b. Foot and hand brakes.
- c. Clutch.
- d. Transmission.
- e. Engine and controls.
- f. Instruments.
- g. Temperature gauge.
- h. Oil pressure gauge.
- i. Ammeter.
- j. Fuel gauge.
- k. Speedometer.
- l. Running gear.
- m. Body.

(Par. 9, TM 37-2810)



31. Does the driver during a halt check the following items:

- a. Fuel, oil and water.
- b. Temperature at hubs and brake drums.
- c. Axle and transfer vents.
- d. Springs and suspensions.
- e. Steering linkage.
- f. Wheel and flange nuts.
- g. Tires.
- h. Leaks in general.
- i. Accessories and belts.
- j. Air cleaners.
- k. Bumpers and fenders.
- l. Body.
- m. Appearance.

(Par. 10, TM 37-2810)

32. Does the driver, after the operation of his vehicle, inspect the following items? (Those with an asterisk are given a much fuller inspection weekly):

- a. \*Fuel, oil and water.
- b. Engine operation.
- c. Instruments.
- d. Horn and windshield wipers.
- e. Lights and reflectors.
- f. Fire extinguishers.
- g. \*Battery and voltmeter.
- h. \*Accessories and belts.
- i. \*Electrical wiring.
- j. Air cleaners and breather caps.
- k. \*Fuel filters.
- l. Engine controls.
- m. \*Tires.
- n. \*Springs and suspensions.
- o. Steering linkage.
- p. \*Axle and transfer vents.
- q. Leaks in general.
- r. Gear cases.
- s. Fenders and bumpers.
- t. \*Towing connections.
- u. Body.
- v. \*Tighten wheel, rim, axle drive flange, and spring U-bolt nuts.
- w. Lubricate as needed.
- x. \*Clean engine and vehicle.
- y. \*Tools and equipment.

(Par. 11, TM 37-2810)

2nd Echelon Maintenance.

33. Are regularly scheduled maintenance inspections and services and preventive maintenance function and are they the responsibility

of the commanders of operating organizations?

(Par. 12, Section III, TM 37-2810)

34. Do the following considerations govern in determining whether a maintenance operation should be referred to a higher echelon?

- a. Nature of repairs.
- b. Availability of authorized spare parts, tools and equipment.
- c. Capabilities of personnel.
- d. Tactical situation.

(AR 850-15 and TM 37-2810, Section III, par. 14 h)

35. Are ambulances used for any other purpose than the following:

- a. The transportation of the sick and wounded, and the necessary Medical Department personnel on duty therewith?
- b. The recreation of convalescent patients?
- c. The instruction of personnel of the Medical Department in the duties of the ambulance service?
- d. In the field, for the transportation of medical supplies and medical personnel? (Par. 4 a, AR 40-75)
- e. Are steps taken to insure the presence of an ambulance driver at all hours of the day and night?
- f. Who dispatches ambulances for the transportation of the sick?
- g. Is a report made of each ambulance trip?

36. Are rules posted for the information of the driver as to the regulations governing the conservation of tires? (AR 850-15)

37. Are the general rules for driving proscribed in Army Regulations posted in the garage or in the ambulance? (AR 850-15)

38. Are the traffic regulations proscribed in Army Regulations posted? (AR 850-15)

39. Are speed limit plates stenciled and placed in the ambulance? (AR 850-15)

40. Does the ambulance driver have an operator's permit? (WD AGO Form 7360 and AR 850-15)

41. Are complete and accurate records maintained showing the operation, maintenance, and performance of each motor ambulance? (AR 850-15)

42. Does the driver understand that in case of injury to person or property he must stop the vehicle, render such assistance as he can, and fill out on the spot Accident Report, motor vehicles, Special Form #26, and deliver it to his commanding officer immediately upon returning to the hospital, regardless of how trivial the injury may appear to be, or if government property or personnel only is injured? (Par. 18 a, AR 850-15)

43. Does the driver's immediate commanding officer understand that when an accident report, Standard Form #26, is presented to him he must in turn notify his commanding officer? (Par. 18, AR 850-15)

44. Is the required air pressure and speed limitation properly stenciled? (Par. 4, AR 850-15)

45. Are the tire inflation pressures for vehicles in accordance with TM 31-200? (Part 8, WD Circular #174, dated 12 June 1945)

46. Are the prescribed tire pressures stenciled prominently on the instrument panel? (Part 8, WD Circular #174, dated 12 June 1945)



CHIEF OF MEDICAL SERVICE

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)

Date last inspection \_\_\_\_\_ Inspector \_\_\_\_\_

No. Med Off Hosp \_\_\_\_\_ Dispensaries \_\_\_\_\_ No. MAC \_\_\_\_\_ Other Officers.

Nurses \_\_\_\_\_ Red Cross Workers \_\_\_\_\_ Occupational Workers \_\_\_\_\_ Civilians.

Chief, Med Serv \_\_\_\_\_ Asst Chief \_\_\_\_\_ Off Personnel.

Chief, Surgical Service \_\_\_\_\_ No. Off Personnel \_\_\_\_\_

Chief, Neuropsychiatric Serv \_\_\_\_\_ No. Off Personnel \_\_\_\_\_

Chief, Radiology Serv \_\_\_\_\_ No. Med Off \_\_\_\_\_ Enl Men \_\_\_\_\_ WAC \_\_\_\_\_

Chief, Lab Serv \_\_\_\_\_ No. Med Off \_\_\_\_\_ No. Snc \_\_\_\_\_ Enl Men \_\_\_\_\_ WAC \_\_\_\_\_

Officer in Charge of Reconditioning Program \_\_\_\_\_ No. Patients \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Chief Therapist \_\_\_\_\_ No. Aides \_\_\_\_\_

#### MEDICAL SERVICE

Function: (Hospitalization) Strength, Unit on Post \_\_\_\_\_ Off Post \_\_\_\_\_

Size Hospital: Normal bed capacity \_\_\_\_\_ Emerg Bed Cap \_\_\_\_\_ Expansion.

Census: (Entire Hosp) Date of Visit \_\_\_\_\_ Meds \_\_\_\_\_ Ven S \_\_\_\_\_ Surg \_\_\_\_\_ NP S \_\_\_\_\_

Av. Hosp Stay to CDD \_\_\_\_\_ Av. Days CDD to Disch \_\_\_\_\_ No. Deaths \_\_\_\_\_

No. Patients on Med Serv more than: 4 weeks \_\_\_\_\_ 90 days \_\_\_\_\_ past 6 mos. \_\_\_\_\_

Consultations requested by Med Serv Past 3 mos. of NP Serv \_\_\_\_\_ Surg Serv \_\_\_\_\_

Med Consultations requested by Surg Serv \_\_\_\_\_ NP Serv \_\_\_\_\_

No. Admissions \_\_\_\_\_ During \_\_\_\_\_ No. pts trfd to other hosps \_\_\_\_\_

Discharges \_\_\_\_\_ During \_\_\_\_\_ Section VIII \_\_\_\_\_ CDD \_\_\_\_\_

CDD: Average days to board \_\_\_\_\_ Average days to discharge \_\_\_\_\_

Officer in charge of V. D. \_\_\_\_\_ No. Patients Syph \_\_\_\_\_ GC \_\_\_\_\_ Ven Lymphopath \_\_\_\_\_

1. Have the laboratory books and journals already received and on order been checked against those authorized by SGO Circular Letter 126, dated 1943?

2. Do medicinal agents for use in Medical Department installations meet one of the following conditions before being administered to patients under the care of the Medical Department of the United States Army:

- a. Inclusion in the ASF Medical Supply Catalogue.
- b. Inclusion in the United States Pharmacopoeia.
- c. Acceptance by the Council on Pharmacy and Chemistry of the American Medical Association.

3. Is a file maintained of all current directives pertaining to the medical service and is such file indexed and readily available to all medical officers?

4. Does the medical officer requesting laboratory examinations check and authenticate every request by signing his initials? (Par. 179 b.(1), TM 8-260)

5. Does the Chief of the Medical Service review the monthly report of the Chief of the Laboratories in order to check as to the number and types of examinations requested by his service each month?

6. Is the use of the abbreviated clinical record scrupulously limited to cases that are mild in nature and of short duration? (SGO Circular Letter #17 and #75, dated 1943 and AR 40-1025, Par. 127 a and Change #2, Par. 127 a 1.

7. Are staff rounds and professional meetings held in accord with SGO Circular Letter 27, dated 1943?

a. Does the officer of the day make two tours of duty during the night: One between 8 p.m. and midnight and one between midnight and reveille? (Par. 126, TM 8-260)

b. Receive a list of the men seriously ill and does he render a written note in regard to each patient when reporting to the Chief of Medical Service the following morning?

c. Personally consider all requests for consultation made to and within his service, approving or disapproving as he deems best? (Par. 144, TM 8-260)

d. Maintain a continuous roster of all patients who, because they are seriously ill, present perplexing diagnostic problems or who, for other reasons, demand close supervision?

e. Are patients on this roster seen daily by the Chief or Assistant Chief of Service and problems discussed with the ward officer in immediate charge?



8. Are periodic conferences held of all medical officers for review and discussion of recent War Department technical bulletins, Army Service Forces Circulars, WD Circulars, and Army Regulations pertaining to medical activity?

9. How often is a complete inspection made by the Chief of Service of your entire service?

a. How frequently are professional conferences held? (SGO Circular Letter #27, dated 1943)

10. Are copies of hospital rules posted in convenient places where they may be seen by patients and duty personnel? (Par. 21, AR 40-590)

11. Are clinical thermometers, when not in use, kept completely immersed in 2% solution of phenol? (Par. 146 g, TM 8-260)

12. Is the prison ward suitable and properly secured by locks and keys? (Par. 12, AR 600-375)

13. Are the keys to mental wards and prison wards so handled that these wards can be entered quickly at any time in case of fire, disorder or for search? (Par. 2, AR 40-590)

14. Is a file maintained on WD AGO Form 446 of the nonexpendable medical supplies in use in the ward? (AR 35-6520)

15. Is there any inflammable material exposed to the danger of fire in any of the wards or closets? (AR 850-20)

16. Are alcohols, narcotics, and potent poisons, such as:

Acid, nitric	Nux-Vomica
Acid, Oxalic	Phenols
Acid, phosphoric	Physostigmine
Acid, sulphuric	Potass. hydroxide
Alcohol, methyl	Procaine
Amyl, nitrite	Scopolamine
Ant. & Potass. tartrate	Silver nitrate
Aponorphine	Sod. hydroxide
Arsenics	Strychnine
Atropine	Tinct. aconite
Barbital or veronal	Tinct. belladonna
Cantharides	Tinct. digitalis
Chloral hydrate	Tinct. nux vomica
Digitalis	Alcohol ethyl
Cresols	Cocaine
Fl. ext. belladonna	Codeine
Fl. Ext. nux vomica	Morphine
Glyceryl trinitrate	Opium
Homatropine	Whiskey
Iodine	Other liquors
Mercury	Strophanthin

kept under lock and key in the ward? (Par. 17a(2),(3), AR 40-590)

17. Is the head nurse, under the ward officer placed in charge of the ward, of the nurses, of the enlisted personnel and others who assist in the care of patients? (Par. 203 b, TM 8-260)

a. Does she record all instructions from the ward officer for the guidance of both day and night nurses? (Par. 203 b (1), TM 8-260)

b. Is she held responsible for the proper nursing of patients, serving of all food, the administration of medicines and the cleanliness and order of the ward and of the public property therein? (Par. 203 b (2) and (7), TM 8-260)

c. In the absence of members of the Army Nurse Corps, is the enlisted attendant (wardmaster) in charge of the ward, and does he have responsibility in the same degree and manner as a head nurse? (Par. 118 a, TM 8-260)

18. Is the suppression and therapy for malaria as outlined in WD Circular #449, dated 1944, and TB Med #136 dated January 1945 being strictly adhered to?

a. Do medical officers in charge of patients with malaria carefully explain the significance of relapses as outlined in Section III, Par. 1, WD Circular #189, dated 25 June 1945?

19. Do ward officers keep a list of all patients who have been reported seriously ill?

a. Is this list conspicuously displayed at all times on the nurse's desk and checked daily by the ward officers to see that it is kept up to date and that the names of those patients no longer seriously ill have been removed from the list? (Par. 81 c, TM 8-260)

b. Has each ward officer acquainted himself with the details of acceptable practice in regard to clinical records as described in par. 224 and 228, TM 8-260?

c. Is a ward morning report prepared covering all cases admitted, disposed of, or transferred to or from the ward in the previous 24 hours, ending at midnight? (Par. 2 g, AR 40-590 and AR 40-1005)

20. Is a morning report of ward, WD AGO Form 8-108, accompanied by diagnosis slips for the new admissions, furnished the registrar each morning? (Par. 2 g, AR 40-590 and AR 40-1005)

21. Are clinical records of patients kept in places where patients or visitors may have access to same?

22. What hours are daily diet requests and mess storeroom requests signed by the mess officer? (Par. 16 c, AR 40-590)

23. Are complete clinical histories, WD MD Form No. 55, available for use? (Section II, AR 40-1025, Chapter 2, Par. 127, 14 June 1946)

24. Are clinical records forwarded to the registrar for check 24 hours before the patient is discharged from hospital?

25. Are all orders for medicine or treatment recorded in the Ward order book by the nurse receiving the orders and is the book signed by the ward officer before he leaves the ward?

26. In checking narcotics and alcohols is the ward officer's order book checked against the record of administration of medicines to patients?

27. At what hours of the day are routine pulse rates, temperatures, and respiration taken?

28. Is a list maintained of all patients who have been on medical service more than two weeks and is a periodic check made of the status of such patients?

29. Do all ward officers hold formal sick call each morning and do they visit their wards sufficiently during the period the night personnel are on duty to assure themselves that patients are being properly cared for; that the night personnel are efficient and that the ward is being conducted in conformity with regulations? (Par. 145, TM 8-260)

a. How are transfers of patients from one ward to another ward handled?

b. Is prompt action taken to dispose of patients when they are actually determined as insane? (AR 600-500)

30. What routine laboratory tests are performed on the admission of medical patients? Is this policy in accord with SGO Circular Letter #193, dated 1943?

31. Is the fluid intake and urinary output measured and recorded in respect to all patients receiving full dosage of sulfonamides?

a. Are measures being taken to make certain that patients, recovering from large doses of sulfonamides, void at least 1500 cc of urine in each 24 hours; that at least one specimen should be alkaline in reaction?

32. Are patients with communicable diseases isolated individually or in groups? (Par. 6, AR 40-210)

a. Is a special section of the hospital set aside for their management? (Par. 6, AR 40-210)

b. Are cubicle frames provided?



c. Are patients with communicable diseases restricted to the portion of the hospital set aside for their treatment during the communicable stage? (Par. 6, AR 40-210)

d. Are patients who are suffering from non-homologous type of infectious hepatitis segregated and their excreta disposed of as in cases of typhoid fever?

e. Is visiting prohibited between patients with the various classes of communicable diseases? (Par. 7 a, AR 40-210)

f. Are beds, mattresses, and linen of such patients properly disinfected when the patient is released from the ward? (Par. 7 c, AR 40-210)

g. Are cases with respiratory tract infection required to use paper napkins or pieces of gauze as handkerchiefs and are these articles burned after use? (Par. 7 c, AR 40-210)

h. Are their dishes, knives, forks, etc., sterilized after use? (Par. 7 c, AR 40-210)

33.a. Are enlisted attendants required to comply with the instructions of nurses in the execution of their offices? (Par. 203 b, TM 8-260)

b. Is smoking by ward personnel while on duty in wards permitted?

c. Do the enlisted attendants wear the white uniform at all times when on duty in wards? (Par. 21, AR 40-590, dated January 1946)

d. Are enlisted men on duty forbidden to collect or hold money or other valuables belonging to patients or to have any financial dealings with them? (Par. 8 c (1) and 21, AR 40-590 dated January 1946)

34. Upon admission to the ward is the patient advised to deposit his money and valuables for safekeeping to the safe provided for that purpose and that he keeps money and valuables in the ward at his own risk? (Par. 8 c (1), AR 40-590, dated January 1946)

a. In case that a patient is unconscious or seriously ill, does the ward officer secure his valuables at once in the presence of a witness, and secure a receipt therefor from the custodian? (Par. 8 c (1), AR 40-590, dated January 1946)

35. Is the soiled clothing of patients laundered at government expense as a part of the hospital laundry? (Par. 8 c (1), AR 40-590, January 1946)

36. Is the clean clothing of patients listed in duplicate on WD AGO Form 8-111, Patient's Property Card, in his presence (or in

the presence of a witness in case the patient is unconscious or insane), signed by the patient (if conscious), bundled and tagged and properly and securely stored? (Par. 8 c (1), AR 40-590, dated January 1946)

37. Are patients properly dressed in hospital clothing? (Par. 10, AR 40-590, dated January 1946)

38. Is the patient bathed, clothed in hospital clothing, and put to bed upon arrival, unless otherwise instructed by a responsible medical officer?

39. If a patient shows any indication for prompt medical or surgical attention does the nurse inform the ward officer or responsible medical officer?

40. What are the standing instructions relative to nourishment pending the prescribing of a diet by a medical officer?

41. How long are patients in the ward before a complete detailed history and physical examination are made?

42. Until what hour of the day are patients required to remain in their wards?

43. Is the use of profane language, loud talking, singing, or boisterous actions forbidden in the ward? (Par. 21, AR 40-590, January 1946)

a. Is gambling permitted?

b. Are patients permitted to smoke in the wards? If so, what portion of the ward and at what hours? (Par. 21, AR 40-590, January 1946)

c. How often are ambulatory patients required to bathe and change their hospital clothing?

d. Are patients required to report to the ward officer any inattention regarding care and treatment, or any dissatisfaction regarding the character, quantity, or manner of serving food?

e. Are patients prohibited to use towels, basins, toilet articles of clothing belonging to other patients?

44. In what manner are infractions or discipline by patients handled? (Par. 21, AR 40-590, dated January 1946)

45. When death is imminent, is the patient properly segregated from other patients?

46. In the case of death, is the body examined by a responsible medical officer before being removed from the ward?

a. Are remains promptly removed to the morgue?



b. Is the body properly tagged, washed, orifices properly cared for, clothed in clean linen, and the remains wrapped in a clean sheet? (Par. 19 and 21, AR 40-590 and Par. a, TM 12-240)

47. Does the ward officer specifically state the patients who shall go to the dining room for meals? (Par. 21, AR 40-590, dated January 1946)

48. Does the ward officer make a complete and detailed daily inspection, including sanitation, neatness, upkeep and repair of equipment, outside police of Ward areas, and the general administration of his ward? (Par. 2 a and 21, AR 40-590 and Par. 145, TM 8-260)

a. What action does he take to correct defects and deficiencies noted at the inspection?

49. Are there any routine laboratory procedures that are unnecessary, irrelevant, or repetitious being requested by the hospital service? (SGO Circular Letter 148, dated 1942, and SGO Circular Letter 193, dated 1943)

50. Is the management of gonorrhea in accord with TB Med 196, 1945, and Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946?

51. Is Penicillin Therapy of uncomplicated gonorrhea carried out on hospital status? (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946 and TB Med 196, dated 1945)

52. Are all cases of gonorrhea maintained on hospital status until clinical manifestations have disappeared and three negative swabs and cultures obtained? (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946)

53. Are individuals with complications of gonorrhea, such as epididymitis, prostatic abscess, salpingitis, arthritis, ophthalmia, or septicemia hospitalized immediately and treated in consultation with appropriate specialists? (Par. 2 f, TB Med 196, dated 1945)

54. Are cases of gonorrhea after treatment, who have a persistent urethral discharge or negative cultural studies referred to the hospital urologist before discharge. (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946)

55. Are local form letters issued at time of patient's discharge from the hospital, outlining quarantine and follow-up studies to his unit commander. (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946)



56. Are blood tests for syphilis performed on all gonorrhea cases prior to treatment, at the end of 21 day quarantine period and monthly thereafter until four months have elapsed. (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946)

57. Are all cases of gonorrhea hospitalized from leave or just prior to separation maintained on hospital status until their 21 day quarantine period is complete. (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, 24 September 1946)

58. Are adequate statistical records maintained in a permanent ledger on all cases of gonorrhea treated? (Letter Hqs. First Army, file 726.1 AHFMD, subject: Venereal Disease, Management and Quarantine, dated 24 September 1946)

59. Is the management of syphilis in accordance with TB Med 198, dated 1945, and letter Hqs. First Army, 15 August 1946, 710 AHFMD, and letter Hqs. First Army, 24 September 1946, 726.1 AHFMD?

60. When penicillin is not obtainable through normal supply channels is the system of treatment as recommended in SGO Circular Letter #74, dated 25 July 1942, subject: Diagnosis and Treatment of the Venereal Diseases, followed?

61. Are reactions observed in penicillin treatment of syphilis managed in accordance with par. 4, TB Med 198, dated 1945?

62. Do all syphilis cases treated with penicillin have a monthly inspection and quantitative STS for a period of 12 months? (Par. 5, TB Med 198, dated 1945)

63. Are all laboratory procedures in the treatment of syphilis performed in the local army laboratory when possible, and when no army serology laboratory is locally available is the blood serum and spinal fluid shipped to an army laboratory? (Par. 5 a (1), TB Med 198, dated 1945)

64. Are quantitative tests for syphilis performed as described in TM 8-227 and the subsequent results reported in units? (Par. 5 a (2), TB Med 198, dated 1945)

65. In primary and secondary syphilis is the spinal fluid examined as soon after the completion of six months of observation as feasible? (Par. 5 b 2, TB Med 198, dated April 1945)

66. Are cases of neurologic relapse and asymptomatic neurosyphilis being managed in accordance with TB Med 48, dated 31 May 1944?

67. Are cases of chancreoid, lymphogranuloma venereum and lymphogranuloma inguinale managed in compliance with TB Med 157, dated April 1945?

68. Does the medical officer who makes the diagnosis of syphilis initiate a Syphilis Register, WD AGO Form 8-114, for each person in the active military service who is discovered to have syphilis? (Par. 24 c (1), AR 40-210)

a. Is the custodian of the individual's service record notified that a Syphilis Register for the individual exists at the hospital or dispensary?

69. Is the Syphilis Register continued until the case is classified as "result satisfactory" or until the individual is separated from the service? (Par. 24 c (2), AR 40-210)

a. Is the medical officer in charge of the treatment of the case responsible for entering all data pertinent to the progress of the case?

b. When patient has received amount of treatment as outlined by SGO, is active treatment discontinued and an entry "treatment completed" (date) made conspicuously on page one of the register?

70. If an individual under treatment or observation for syphilis is transferred, is the Patient's Syphilis Register with the service record and allied papers sent direct to his new station or command? (Par. 24 c, (3), AR 40-210)

a. On closure, is the register forwarded to the Surgeon General's Office, and is the custodian of the individual's service record notified that the Syphilis Register has been closed?

71. Is WD AGO Form 8-115, Patient's Record of Syphilis Treatment, initiated at the same time that the Syphilis Register is opened? (Par. 24 d, AR 40-210)

a. Is it understood that the form will be the permanent property of the patient and remain in his possession at all times?

b. Does the medical officer treating the patient record such treatment in the Syphilis Register and also on WD AGO Form 8-115?

c. In cases where patients have lost their Form 8-115, is a new form initiated and brought up to date using the Syphilis Register as the source of information?

72. Is it understood that individuals will not be discharged from the service while in an infectious stage of venereal disease? (Par. 24 e, AR 40-210)

73. When an individual is discharged from the service before observation period is complete, is necessity for careful continued observation explained to him and is he furnished a written summary of pertinent data from the register? (Par. 24 c, AR 40-210)



CHIEF OF SURGICAL SERVICE

NAME	GRADE
DATE	PLACE

- I. General
- II. Operative and Anesthesia Section
- III. Central Supply
- IV. Surgical Ward Section
- V. Roentgenological Section
- VI. Orthopedic Section
- VII. Genito-Urinary Section
- VIII. BENT Section

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

HOSPITAL \_\_\_\_\_ DATE \_\_\_\_\_

Beds: Normal \_\_\_\_\_ Expansion \_\_\_\_\_

Hospital patient census on \_\_\_\_\_

Patients on each Section on \_\_\_\_\_

General Surgery \_\_\_\_\_ E.N.T. \_\_\_\_\_

Orthopedic Section \_\_\_\_\_ Women's \_\_\_\_\_

Urology \_\_\_\_\_ Other Sections \_\_\_\_\_

Eyo \_\_\_\_\_

Number of medical officers on duty \_\_\_\_\_

Number of medical officers on Surgical Service \_\_\_\_\_

Number of A.N.C. \_\_\_\_\_

Number of civilian graduates \_\_\_\_\_ Number of civilian aides \_\_\_\_\_

Number of dietitians \_\_\_\_\_

Number of Army Physical Therapists \_\_\_\_\_

Number of Physical Therapy Apprentices \_\_\_\_\_

Operations by Sections in \_\_\_\_\_ 1947 and in 1946 \_\_\_\_\_  
(previous month)

Number of percent of anesthesias in \_\_\_\_\_ 1947 and in 1946 \_\_\_\_\_  
(previous month)

Obstetrical cases in \_\_\_\_\_ 1947 \_\_\_\_\_ and in 1946 \_\_\_\_\_  
(previous month)

Number of deaths on Surgical Service 1 January 1947 to date \_\_\_\_\_  
and in 1946 \_\_\_\_\_

Number of discharges past month \_\_\_\_\_

Duty \_\_\_\_\_ CDD \_\_\_\_\_  
Transfer to Conv. Facility \_\_\_\_\_

## I. GENERAL.

1. What is the organization of the Surgical Service? (Par. 3, AR 40-590)
2. How often is a complete inspection of your entire service made by you?
3. How often are professional conferences held? (SGO, Circular #27, dated 1943)
4. Are copies of hospital rules posted in convenient places where they may be seen by patients and duty personnel? (Par. 21, AR 40-590)
5. Are alcohols, narcotics, and patient poisons kept under lock and key? (Par. 17 a (2) and (3), AR 40-590)
6. Are catheters and other rubber goods protected by the use of talc?
7. Is the greatest care used with electrical heating units to avoid burning out the heating coils?
8. Does the responsible medical officer check the Surgical instruments monthly, as required? (Par. 6 a, AR 40-1705)
9. Are regulations and instructions for the guidance of the operators and attendants posted? (Par. 21, AR 40-590)
10. Is there any inflammable material exposed to the danger of fire if any of the rooms of this service? (AR 850-20)
11. Are blind patients transferred to designated general hospitals? (Circular letter #162, SGO, dated September 1943; Circular letter #112, SGO, dated 8 June 1943)
12. Are deaf patients transferred to designated general hospitals? (Circular letter #162, SGO, dated September 1943, Circular letter #112, SGO, dated 8 June 1943)
13. Are severe hand injuries, involving more than one finger, transferred to plastic centers?
14. Are patients with peripheral nerve injuries disposed of according to the provisions of Section X, WD Circular 73, 1946? Are the clinical criteria for evaluation and disposition of such patients established as in Section VIII, LSP Circular #244, 28 June 1945?

## II. OPERATIVE AND ANESTHESIA SECTION.

15. What is the organization of the operating service? (Par. 3, AR 40-590)



16. Are medical supplies adequate and satisfactory? (AR 40-1705, Medical Department Supply Catalog)

17. Is all medical property secure from theft, fire and other damage? (Par. 2 a, AR 40-590)

18. Is there any accumulation of supplies or equipment on hand above present needs? (AR 40-1705 and par. 17, AR 35-6520)

19. Is there any obsolete, damaged or unserviceable property on hand? (Par. 6 b, AR 40-1705, par. 17 b, AR 700-10 and par. 16, AR 35-6520)

20. Is there a file of property on WD AGO Form 446? (AR 35-6520, TM 38-403, dated 1 August 1944)

21. Has the medical property been examined and verified by a commissioned officer of the Medical Department during the last six months? (AR 40-1705)

22. Is equipment available for emergency lighting?

23. Who is responsible that emergency battery lamps are kept charged? (AR 35-6520 and par. 2 (a), AR 40-590)

24. What equipment is made ready to care for any emergency arising during a major operation?

25. Is the operating suite air conditioned?

a. What protection is furnished against static sparks?

26. Are enlisted men trained in the administration of plasma?

a. Is the operating personnel satisfactory and sufficient?

b. Has the anesthetist been specially trained for the work?

c. Are the operating and dressing room attendants well qualified?

d. Do the attendants have a clear understanding of the technique of aseptic operating?

27. Are elective operations done on individuals not mentioned in Circular letter #190, SGO, dated 17 November 1943?

28. Are there routine instructions published for preparation of patients before major operations?

29. Are there routine instructions published for the after care of patients following a major operation? (Par. 235, TM 8-260)

30. What types of sterilizing equipment are in use?

31. Are fractures treated in accordance with instructions?  
(Section II, WD Circular 12, dated 12 January 1946)

32. Who is responsible for:

- a. Keeping list of available donors?
- b. Ordering typing, cross matching, Rhfactor?
- c. Drawing blood?
- d. Administering blood?
- e. Proper preparation of tubing?
- f. Reporting and investigating reactions?

33. How many transfusion and infusion reactions have there been in the past six months?

34. How many major operations have been performed during the last months?

35. How many minor operations have been performed during the last month?

36. How many obstetrical cases have been handled during the last six months?

37. Have there been any cases of puerperal sepsis? If so, how many?

38. How many cases of post-operative atelectasis have there been in the past six months?

39. Have there been cases of post-operative pneumonia during the last six months? If so, how many?

40. Have there been cases of gonococcal ophthalmia? If so, how many?

41. Have there been cases of post-operative infections during the last six months? If so, how many?

42. How many cases of post-operative phlebitis have there been in the last six months?

43. Is the surgical treatment of hernia in compliance with SGO, Circular letter 121, dated 13 July 1943?

44. How many pilonidal cysts have been operated upon in the past six months? Was TB Med #89, dated 2 September 1944 adhered to in choice of treatment for pilonidal cysts?

45. Are compound fractures being treated with closure of the wound? Are amputations being done high and is the stump closed? (SGO, Circular letter 189, dated 17 November 1943)

III. CENTRAL SUPPLY. (WD Memorandum W-40-44, dated 12 April 1944)

46. a. Who is responsible for - or - What is the organization of Central Supply:

- (1) Property?
- (2) Personnel?
- (3) Sterilization?

b. Are supplies sterilized here for

- (1) Operating room?
- (2) Wards?
- (3) Out-patient department?

c. Are instruments sterilized here for

- (1) Operating room?
- (2) Wards?
- (3) Out-patient department?

d. Are deliveries made by Central Supply or ward personnel?

e. Is this open 24 hours daily?

f. Who is responsible for oxygen therapy?

- (1) Equipment?
- (2) Setting up and maintenance?
- (3) Training of personnel?

g. Who is responsible for plasma?

- (1) Maintenance of supply?
- (2) Administration and care of tubing?
- (3) Reports?

IV. SURGICAL WARD SECTION.

47. a. Is there a Recovery Ward?

b. Who is in charge?

c. Who is responsible for required orders for patients?

d. Who administers I.V. fluids?

e. Who performs emergency bronchoscopies?

f. Is it air conditioned?

g. How long may a patient remain?

48. Are medical supplies adequate and satisfactory? (AR 40-1705, Medical Department Supply Catalog)



49. Is all medical property secured from danger of fire, theft, and other damage? (Par. 2, AR 40-590)

50. Is there any accumulation of supplies or equipment on hand above present needs? (AR 40-1705 and Par. 17 b, AR 700-10)

51. Is there any obsolete, damaged or unserviceable property on hand? (Par. 6 (b), AR 40-1705 and Par. 16, AR 35-6520)

52. Is there a file of property held on Memorandum Receipt? (WD AGO Form 446 and TM 38-403, dated 1 August 1944)

53. Has the medical property in the ward been examined and verified by a commissioned officer of the Medical Department during the last year? (Par. 28 a, AR 35-6520)

54. Are alcohols, narcotics and potent poisons, such as:

Acid, nitric	Arsenicals
Acid, Oxalic	Barbital or veronal
Acid, phosphoric	Cantharides
Acid, sulphuric	Atropine
Alcohol, methyl	Chloral hydrate
Amyl, nitrite	Digitalis
Ant. & Pot. tartrate	Cresols
Aponorphine	Fl. ext. belladonna
Glyceryl trinitrate	Fl. ext. nux vomica
Homatropine	Strychnine
Iodine	Tinct. aconite
Mercury	Tinct. belladonna
Nux vomica	Tinct. nux vomica
Phenols	Alcohol ethyl
Physostigmine	Cocaine
Pot. hydroxide	Codeine
Scopolamine	Morphine
Silver nitrate	Opium
Procaine	Whiskey
Sod. nitrate	Other liquors
Strophanthin	

kept under lock and key in the ward? (Par. 17 a(2) &(3), AR 40-590)

55. Is a file maintained of the non-expendable medical supplies in use in the ward on WD AGO Form 446? (AR 35-6520 and TM 38-403, dated 1 August 1944)

56. Is there any inflammable material exposed to the dangers of fire in any of the wards or closets? (Par. 2 (a) 21, AR 40-590 and Par. 20 d, AR 700-10 and AR 850-20)

57. a. Is the head nurse, under the ward officer, placed in charge of the ward, of the nurses, of the enlisted personnel and others who assist in the care of patients? (Par. 203 (b), TM 8-260)

b. Does she record all instructions from the ward officer for

guidance of both day and night nurses? (Par. 203 b (1), TM 8-260)

c. Is he held responsible for the proper nursing of patients, serving of all food, the administration of medicines, and the cleanliness and order of the ward and of the public property therein? (Par. 203 b, TM 8-260)

58. a. In the absence of members of the Army Nurse Corps, is the enlisted attendant (wardmaster) in charge of the ward and does he have responsibility in the same degree and manner as a head nurse? (Par. 118, TM 8-260)

b. Are enlisted attendants required to comply with the instructions of nurses in the execution of their offices? Par. 203, TM 8-260)

c. Is smoking by ward personnel while on duty in wards prohibited?

d. Does the enlisted attendant wear the white uniform at all times when on duty in wards? (Par. 152, TM 8-260)

e. Are the enlisted men on duty forbidden to collect or hold money or other valuables belonging to patients or to have financial dealings with them? (Par. 8 c (1), AR 40-590)

59. a. Upon admission to the ward is the patient advised to deposit his money and valuables for safekeeping in the safe provided for that purpose and that he keeps valuables in the ward at his own risk? (Par. 8 c (1), AR 40-590)

b. In case a patient is unconscious or seriously ill, does the ward officer secure his valuables at once, in the presence of a witness and secure a receipt from the custodian? (Par. 8 c (1) and (2), AR 40-590)

c. Is the soiled clothing of patients laundered at government expense as a part of the hospital laundry? (Par. 8 c (1), AR 40-590)

d. Is the patient's clean clothing listed in duplicate on MD Form 75, Patient's Property Card, in his presence (or in the presence of a witness in case the patient is unconscious or insane), signed by the patient (if conscious), bundled and tagged and properly and securely stored? (Par. 8 c (1), AR 40-590)

30. a. Are patients properly dressed in hospital clothing?

b. Is the patient bathed, clothed in hospital clothing, and put to bed upon arrival unless otherwise instructed by a responsible medical officer?

c. What are the standing instructions relative to nourishment pending the proscribing of a diet by a medical officer?

d. If a patient shows any indication for prompt medical or surgical attention does the nurse inform the ward officer or responsible medical officer?

e. How long are patients in the ward before a complete detailed history and a physical examination is made?

f. Until what hour of the day are patients required to remain in their wards?

61. a. Is the use of profane language, loud talking, singing, or boisterous actions forbidden in the ward?

b. Are patients permitted to smoke in the wards? If so, what portion of the ward and at what hour?

c. Is gambling permitted? (Par. 21, AR 40-590)

d. How often are ambulatory patients required to bathe and change their hospital clothing?

e. Are patients prohibited to use towels, basins, toilet articles, or articles of clothing belonging to other patients? (Par. 21, AR 40-590)

f. Are patients required to report to the ward officer any inattention regarding care and treatment, or any dissatisfaction regarding the character, quantity, or manner of serving food?

g. In what manner are infractions of discipline by patients handled? (Par. 147 a (2), TM 8-260)

h. When death is imminent is the patient properly segregated from other patients?

i. In case of death is the body examined by a responsible medical officer before being removed from the ward?

j. Are remains promptly removed to the morgue?

k. Is the body properly tagged, washed, orifices properly cared for, clothed in a clean sheet, and the remains wrapped in a clean sheet? (TM 12-240a)

62. Is a Ward morning report prepared covering all cases admitted, disposed of, or transferred to or from the ward in the previous 24 hours, ending at midnight? (AR 40-590)

63. What hours are daily diet request and mess storeroom request signed and sent to the mess officer? (Par. 16, AR 40-590)

64. Are complete clinical histories, MD Form 55, available for use?



65. Are clinical records forwarded to the registrar for a check 24 hours before the patient is discharged from hospital?

66. Are all orders for medicine or treatment recorded in the Ward order book by the nurse receiving orders and is a book signed by the ward officer before he leaves the ward?

67. In checking narcotics and alcohols is the ward officer's order book checked against the record of administration of medicine to patients?

68. At what hours of the day are routine pulse rates, temperatures, and respiration taken?

69. Are clinical records of patients kept in places where patients or visitors may have access to same?

70. Does the ward officer make a complete and detailed inspection daily, including sanitation, neatness, upkeep and repair of equipment, outside police of ward areas, and the general administration of his ward?

71. What action does he take to correct defects and deficiencies noted at the inspection? (Par. 146, TM 8-260)

#### V. ROENTGENOLOGICAL SECTION.

72. Is the personnel assigned to duty in the department adequate?

73. Is the personnel competent?

74. Is the conduct and appearance of the personnel satisfactory? (Par. 2 c, AR 40-590)

75. Are protection measures and health provisions adequate? (TB Med 62)

76. Is equipment and space allotted for x-ray department satisfactory and in good working order?

77. Is hospital property used for other than Medical Department purposes? (Par. 2 c, AR 40-590)

78. What is the daily average number of x-ray pictures taken during the past month? Small size? Medium size? Large size? Fluoroscopic examinations? X-ray treatments?

79. Are routine x-rays made on normal patients? (Par. 4, Circular letter #193, SGO, 30 November 1943)

80. Is care being exercised constantly by all concerned that x-ray films should not be used routinely without due consideration of necessity? (Section XV, WD Circular 140, dated 12 May 1945)

81. Are x-ray films being marked in the upper corner of the film indicating the name of the unit and its location?

82. Are x-ray films marked with name of patient, the date, and an identifying number? (Circular letter #147, SGO 1942)

83. Are exposed films filed with view to easy accessibility? (TM 8-260)

a. Is filing space adequate?

b. Are torn and worn envelopes replaced?

c. Are all films dealing with a single patient filed together?

d. Are radiologic reports rendered with minimum delay and accurately dated to correspond with the films to which they refer?

e. Are radiologic reports accurately numbered to facilitate location of films?

84. Are arrangements in force with x-ray department for rapid film processing near the operating room to make possible control films to check position of fragments during reduction of fractures? (TB Med #22, dated 21 March 1944)

85. Are exposed x-ray films disposed of in one of the following ways? (WD Circular #147, dated 14 April 1944)

a. Veterans Administration, Kansas Avenue & Upshur Street, N.W., Washington 25, D. C., for file.

b. State Director of Selective Service.

c. Walter Reed General Hospital, Washington, D.C. (WD Circular 150, Section VIII, 1945)

d. Official State Public Health Agency of the rejected individual's home state.

e. According to local arrangements between Service Command and the Selective Service System.

f. As provided in par. 3-b (2), AR 850-65.

g. Accompany soldier when transferred from one hospital to another or to a Veterans Administration Facility.

86. Are the x-ray films other than those the disposition of which is specified above retained in the hospital files for the duration of the war or until the hospital is closed? (WD Circular #147, dated 14 April 1944)

87. Do all films to Veterans Administration for filing bear the individual's army serial number written in ink or otherwise permanently imprinted on the films in a legible manner, as provided by 53 c MR 1-9? (Par. 3 a (4), WD Circular #147, dated 14 April 1944)

a. Are unsatisfactory films discarded before transmittal?

88. a. Do all x-ray films accompany the original record of a hospitalized individual upon his transfer to another army hospital or to a Veterans Facility? (Par. 3 g (1), WD Circular #147, dated 14 April 1944)

b. Are unsatisfactory films and films not pertinent to the patient's illness discarded before transmittal?

89. Are lead impregnated gloves being worn during the entire procedure of reducing fractures under fluoroscopic control? (TB Med #22, dated 21 March 1944)

90. Are conferences with the various clinical services held at designated hours? (Par. 186, TM 8-260)

91. Is full advantage taken of radiologic consultation service, obtainable through the Office of the Surgeon General?

## VI. ORTHOPEDIC SECTION.

92. Is the equipment and space in physical therapy adequate?

93. Is equipment and space in brace shop adequate?

94. Has a stock level of low quarter oxfords been established?

95. Are splints and braces being made in accord with the suggestions in Bulletin of U.S.A. Medical Department? (SB 8-14, dated 11 October 1944)

96. What is the monthly production in the brace shop?

97. Is the personnel in P.T. adequate in number and properly trained? (Par. 2 c, AR 40-590)

98. Are sufficient orthopedic mechanics available? (SSN 366, Section VII, ASF Circular #63, 1945, ASF Circular #314, 1945)

99. What is the monthly load in P.T., broken down into various modalities?

100. Do the physical therapists attend ward rounds and orthopedic conferences? (TB Med 10, dated 14 February 1944)

101. Who is responsible for the regular carrying out of quadricops exercises? (TB Med 10, dated 14 February 1944)



102. In amputation centers, is TB Mod 122, dated December 1944, being complied with?

103. Are any fractures being reduced under the fluoroscope? (TB Mod 22, dated 21 March 1944)

104. How long a period after healing of the wound is allowed before a bone graft is done?

105. Are fractured denurs removed from plaster encasements immediately after admission from overseas and placed in traction? (TB Mod 133, dated January 1945)

106. Is stockinette with "acc" adherent used as a foot piece?

#### VII. GENITO-URINARY SECTION.

107. Is an x-ray unit available for use with the cystoscopic table?

108. Are all catheterizations performed by personnel of this section?

109. Are tests of sensitivity made before all intravenous pyelograms?

#### VIII. E.E.N.T. SECTION.

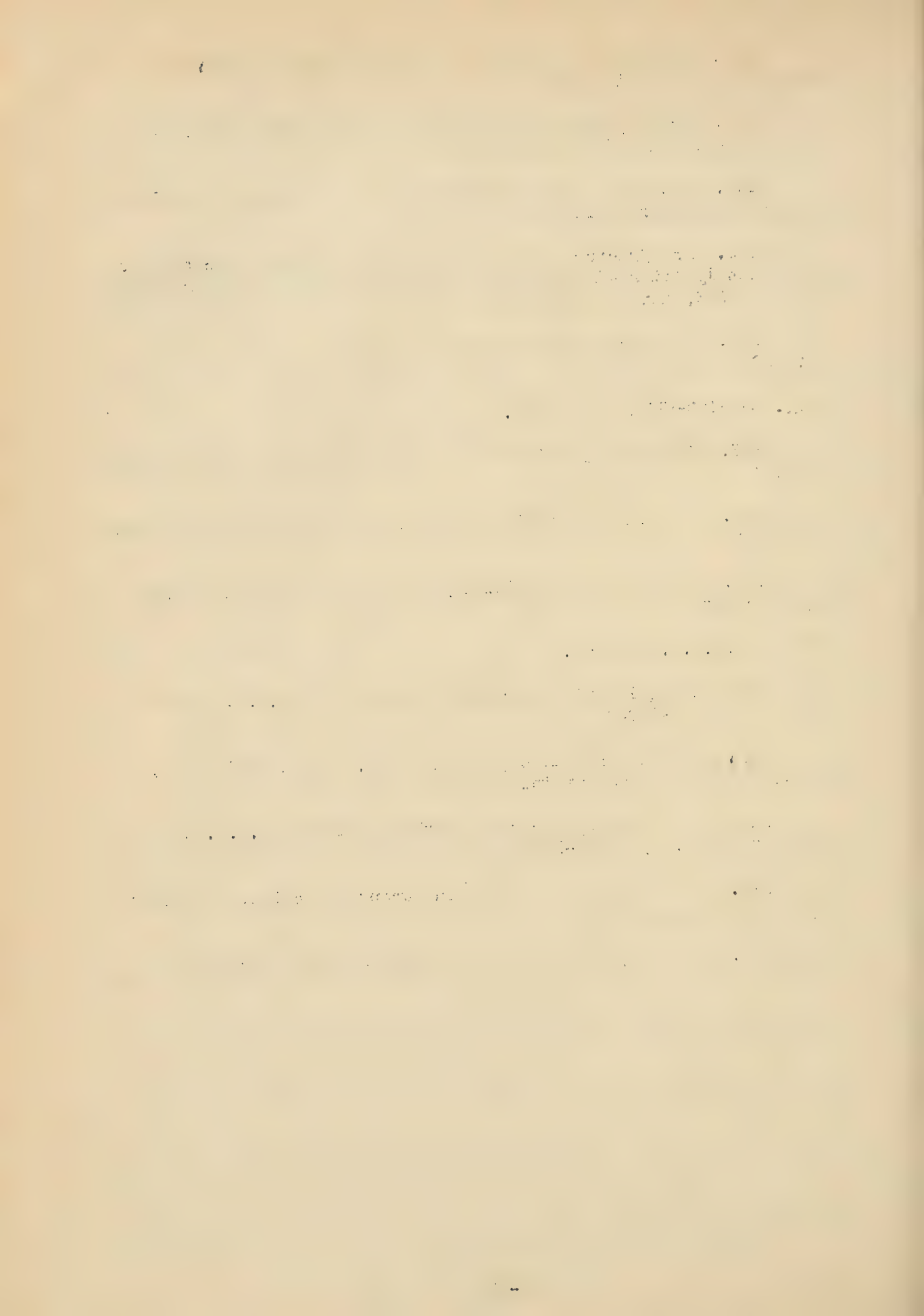
110. Is equipment adequate in both Eye and E.N.T. Departments? (AR 40-1705)

111. Are the bronchoscope audiometer, magnet, slit lamp, etc., needed and used at this station?

112. Is a monthly record of work done in the O.P.D. submitted? (Par. 6, AR 40-1005)

113. Is the attitude toward submucous resections and sinus operations conservative?

114. How frequently do post-tonsillectomy hemorrhages occur?



CHIEF NEUROPSYCHIATRIC SERVICE

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)



1. Physical Facilities.

a. Open wards \_\_\_\_\_ No. of Beds \_\_\_\_\_

b. Closed wards \_\_\_\_\_ No. of Beds \_\_\_\_\_

2. Census for each of preceding 3 months.

Month	Total
a. _____	_____
b. _____	_____
c. _____	_____

3. Census date of visit.

Open Ward \_\_\_\_\_ Closed Ward \_\_\_\_\_ Patients in Isolation \_\_\_\_\_

4. Admissions, 3 preceding months - %N.P. Admissions of Total Admissions

a. Zone interior (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

b. Overseas (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

5. Dispositions, 3 preceding months - CDD, and Duty Cases Total

Disposition.

a. Duty (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

b. CDD (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

c. Transfer: Mason (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Halloran (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

6. Hospital Stay.

a. Of all N.P. patients in hospital, date of visit \_\_\_\_\_

b. 15-30 days, 30-60 days (Analysis of cases with prolonged stays)

c. Reason for delays.

7. Reconditioning Program.

a. Participation of N.P. cases in different activities.

(1) Is the interest considered satisfactory?

(2) Attendance % Open Ward \_\_\_\_\_ Closed Ward \_\_\_\_\_

(3) Are the benefits of this program satisfactory?

8. Recreation Program.

a. Do N.P. cases get out of doors daily, mental conditions permitting? If the answer is no, what are the reasons?

9. Consultations and examinations of patients.

a. Total number of N.P. consults requested.

b. What is the patient's attitude toward treatment.

10. Therapeutic Program.

a. How many patients have received the following type of therapy, were the results considered satisfactory?

- (1) Special therapy \_\_\_\_\_ Result \_\_\_\_\_
- (2) Narcosynthesis \_\_\_\_\_ Result \_\_\_\_\_
- (3) Electrotherapy \_\_\_\_\_ Result \_\_\_\_\_
- (4) Insulin \_\_\_\_\_ Result \_\_\_\_\_

11. Evaluate and summarize the treatment patients are receiving at your hospital?

12. What has been the average hospital stay of all patients separated from the service under:

- a. AR 615-361 \_\_\_\_\_
- b. Returned to duty \_\_\_\_\_

13. What provisions are made for occupational therapy for patients at your hospital?

- a. Closed Ward Patients \_\_\_\_\_
- b. Open Ward Patients \_\_\_\_\_

14. Are discharged neuropsychiatric patients given to understand that the family physician may request a medical report from the commanding officer? (AR 40-590, January 1946)

15. Is the treatment program for psychiatric patients in accordance with TB Med 84, dated August 1944 and Change #1, dated 20 July 1945.

a. Physical arrangements such that psychotic and psychoneurotic patients will not be housed in the same ward.

b. Are additional personnel beyond the normal attendant of ward attendants assigned?

16. Is the occupational, recreational, educational activity program in accordance with par. 5 d, TB Med 84, dated August 1944?

17. Are neuropsychiatric problems on a post handled on an outpatient status? (Par. 5 k, TB Med 84, dated August 1944)

18. Is Section III, ASF Circular 219, 13 June 1945, as amended, extended to include neuropsychiatric patients? (Par. 5 i, TB Med 84, dated August 1944)

19. Are the errors to be observed and avoided as promulgated in par. 4, TB Med 94, dated September 1944, closely complied with?

20. Are the special psychiatric problems in the army understood by all medical officers assigned the neuropsychiatric service? (Par. 10, TB Med 94, dated 21 September 1944)

21. Is definitive treatment being given individuals with neuropsychiatric conditions incurred incident to the service who in the opinion of the medical officer may within a reasonable period be returned to duty within the continental limits of the United States?

22. Are the guards on a neuropsychiatric ward armed with firearms? (TB Med 84, dated August 1944)

23. Are psychoneurotic patients housed in unlocked open (W-1 and W-2) type wards and if conservation of space demands that W-8 ward be used for psychoneurotic patients, are the doors left open and are such reasonable changes effected as to make the ward an open ward? (TB Med 84, dated August 1944)

24. Are all patients in whom psychoneurotic symptoms are the chief incapacitating feature of their illness transferred from other sections (orthopedic, cardiovascular, etc.) to the neuropsychiatric section? (TB Med 84, dated August 1944)

25. Does physically rough treatment of neuropsychiatric patients on the part of an attendant call for prompt disciplinary action? (TB Med 84, dated August 1944)

26. Is it understood that individuals permanently unfit for army service because of neuropsychiatric disturbances will not be retained for definitive treatment, but will be discharged and arrangements made for further care by the Veterans Administration if such is indicated? (Par. 1 c (2), AR 615-361)

27. Is it understood that cases of psychoses ordinarily will not be held for prolonged periods of observation to determine the permanency of the disability or the improvement expected, but will be disposed of under the provisions of AR 600-500, as expeditiously as practicable after a definite diagnosis has been made and notification given as required in par. 2 b, AR 40-590?



28. Is it understood that persons in the military service will not be discharged from the service for psychosis except after a critical examination by a board consisting of at least two medical officers? (Par. 1 c, AR 600-500)

a. Is one of the members of the board a specialist in nervous and mental diseases?

b. Is examination by the board made preferably in a hospital?

c. Is the report submitted after the person has been examined and observed for a reasonable length of time?

d. When the board recommends the discharge or transfer of an enlisted man, does the report accompany a certificate of disability prepared on the proper form?

e. Is the report and all papers connected therewith executed in duplicate?

29. Are psychotics in the military service classified in accordance with AR 600-500?

30. Is the disposition of psychotic patients in the military service divided as follows: (Par. 3, AR 600-500)

a. Those entitled to care and treatment by Veterans Administration.

b. Those not entitled to Veterans Administration care and treatment.

c. Those not entitled to treatment and expense of the Veterans Administration.

31. Prior to final disposition of a psychotic patient in the military service, is the nearest known relative or the person designated to be notified in case of emergency informed of the contemplated disposition? (Par. 3, AR 600-500)

32. Does the approving authority for transfer or discharge designated issue the necessary orders therefor, and for such escort, transportation, and subsistence as may be required? (Par. 4 a, AR 600-500)

33. Is it understood that if the patient being transferred is an enlisted man, the authority ordering such transfer will direct his discharge on a certificate of disability? (Par. 4, AR 600-500)

34. When transfer is ordered, is one copy of the board's report with accompanying papers retained at the office of origin, and is the second copy of the report with a notation of the action taken submitted to the Adjutant General? (Par. 4 a, AR 600-500)

35. Are the classes of psychotic patients in the military service who may be transferred to St. Elizabeth's Hospital, Washington, D.C. or other Federal Security Agency hospital as directed by the Secretary of War, disposed of in compliance with Par. 6, AR 600-500?

36. Are psychotic patients who are not considered actively suicidal or homicidal, and requiring institutional care, transferred to the custody of the nearest known relative upon the relatives request? (Par. 7a, AR 600-500)

37. Are persons who are actively suicidal or homicidal disposed of in compliance with par. 7 b, AR 600-500?

38. Are the following persons who are not entitled to care or treatment at the expense of the United States disposed of in accordance with par. 9, AR 600-500?

a. Military.

b. Applicants for enlistment or selectee.

c. Civilian employees.

39. When efforts to dispose of psychotic individuals as prescribed in par. 9 d, AR 600-500 do not prove successful, is the case reported through the Surgeon General to the Adjutant General?

40. On the day of departure of the psychotic patient is an inventory made in triplicate of the patients effects, money and valuables? (Par. 10 b, AR 600-500)

a. Are copies disposed of as recommended in the above cited paragraph?

41. Is it understood that the patient will be delivered to the designated institution or relative by the accompanying attendants and not discharged from the service until his arrival thereat? (Par. 10 a, AR 600-500)

a. Is the discharge certificate including the signature and thumb print of the patient, with the exception of the date of discharge and notation of payment, prepared prior to the patient's departure?

b. When delivery is effected, does the attendant in charge obtain receipt for patient and forward it by mail to the commanding officer authorized to discharge patient?

c. When receipt is mailed, does the attendant send the commanding officer a telegram stating the date the patient was delivered and the date the receipt was mailed?

42. Are instructions for arrears of pay and mustering-out payment, in compliance with Par. 11, AR 600-500?



43. Are the types and classification of psychiatric social workers in accordance with par. 2, TB Mod 154, dated June 1945?

44. Are the specific social services for the psychiatric social workers delegated by the neuropsychiatrist? (Par. 3, TB Mod 154, dated June 1945)

45. Are the duties of the psychiatric assistant, WAC as set forth in par. 4, TB Mod 154, dated June 1945?

46. Is it understood that the military psychiatric social worker is primarily a soldier, secondarily a social worker? (Par. 5, TB Mod 154, dated June 1945)

47. Is it emphasized that the making of definitive diagnosis is the sole prerogative of the medical officer? (TB Mod 154, dated June 1945)

48. Is it understood that personal, family, and other case work services to patients as delegated to the American Red Cross in accordance with AR 850-75, dated 30 June 1943, continue in neuropsychiatric units under authorization of that regulation and in line with subsequent administration policies? (Par. 7 a, TB Mod 154, dated June 1945)

a. Do army psychiatric social workers understand that they will not undertake services which by regulation and practice, have become the established responsibility of the Red Cross?

49. Is the convalescent care and redistribution of patients with spinal cord injuries, in compliance with TB Mod 162, dated May 1945?

50. Are members of the medical staff cognizant of the medical problems of redeployment, as set forth in TB Mod 170, dated June 1945?

51. Is it understood that the Medical Department must not be utilized as an agency for the removal of undesirable and indifferent enlisted and officer personnel who at the most have but minor physical or mental disabilities? (SGO Circular letter 194, December 1943)

52. Is the need for many consultations being eliminated by thorough examinations in dispensaries? (TB Mod 156, dated June 1945)

53. Is a file maintained of all current directives pertaining to the neuropsychiatric service and are such files indexed and readily available to all medical officers?

54. Does the Officer of the Day make two tours of duty during the night, one between 8 p.m. and midnight and one before midnight and reveille? (Par. 126, TM 8-260)



55. Do ward officers keep a list of all patients who have been reported seriously ill?

a. Is this list conspicuously displayed at all times on the nurse's desk and checked daily by the ward officers to see that it is kept up to date and that the names of those patients no longer seriously ill have been removed from the list? (Par. 81 c, TM 8-260)

56. Does the Officer of the Day receive a list of the men seriously ill and does he render a written note in regard to each patient when reporting to the Chief of Neuropsychiatric Service the following morning?

57. Does the Chief of Service personally consider all requests for consultation made to and within his service, approving or disapproving as he deems best. (Par. 144, TM 8-260)

58. Is the diagnosis of various types of psychiatric disorders made in accordance with Section III, par. 18, TB Med 203, dated 19 October 1945.

59. Is the psychiatric diagnosis composed of four points as follows? (Section III, par. 18, TB Med 203, dated 19 October 1945)

a. Syndrome.

b. External precipitating stress.

c. Predisposition.

d. Impairment of functional capacity due to psychoneurosis disability.

60. Is the complete diagnostic evaluation recorded on WD AGO Form 8-33? (Section VI, Par. 6, WD Circular 179, dated 16 June 1945)

61. Are all combat film bulletins received by a medical officer at each hospital in order to determine which patients should be prevented from seeing them, and what audience selection measures should be instituted? (Section II, WD Circular 165, dated 5 June 1945)

a. Are neuropsychiatric patients prevented from seeing certain combat film bulletins?

62. Does the Chief of the Neuropsychiatric Service maintain a continuous roster of all patients who, because they are seriously ill, present perplexing diagnostic problems or who, for other reasons, demand close supervision?

63. Are patients on this roster seen daily by the Chief or Assistant Chief of Service and problems discussed with the ward officer in immediate charge?

64. Do all ward officers hold formal sick call each morning and do they visit their wards sufficiently during the period the night personnel are on duty to assure themselves that patients are being properly cared for; that the night personnel are efficient and that the ward is being conducted in conformity with regulations? (Par. 145, TM 8-260)

65. Are clinical thermometers, when not in use, kept completely immersed in 2% solution of phenol? (Par. 146 c, TM 8-260)

66. Are the keys to mental wards and prison ward so handled that these wards can be entered quickly at any time in case of fire, disorder or for search?

67. Is there a suitable properly secured room set aside for the care of mental cases? (AR 600-500)

68. How are transfers of patients from one ward to another ward handled?

69. Are periodic conferences held of all medical officers for review and discussion of recent WD Technical Bulletins, ASF Circulars, WD Circulars, and Army Regulations pertaining to medical activity?

70. Are copies of hospital rules posted in convenient places where they may be seen by patients and duty personnel? (Par. 21, AR 40-590)

71. Are enlisted attendants required to comply with the instructions of nurses in the execution of their offices? (TM 8-260)

72. Is smoking by ward personnel while on duty in wards permitted? (TM 8-260, Par. 203 (b))

73. Do the enlisted attendants wear the white uniform at all times when on duty in wards? (AR 40-590)

74. Are enlisted men on duty forbidden to collect or hold money or other valuables belonging to patients or to have any financial dealings with them? (Par. 8 c (1), AR 40-590)

75. Are medical supplies adequate and satisfactory? (AR 40-1705, Medical Department Supply Catalog)

76. Is all medical property secured from danger of fire, theft, and other damage?

77. Is there any accumulation of supplies or equipment on hand above present needs?

78. Is there any obsolete, damaged, or unserviceable property on hand?

79. Is there a file of property held on WD AGO Form 446?  
(AR 35-6520, and M-403, dated 1 September 1943)

80. Has the medical property in the ward been examined and verified by a commissioned officer of the Medical Department during the last year? (Par. 28 a, AR 35-6520)

81. Are alcohols, narcotics and potent poisons, such as:

Acid, nitric	Arsenicals
Acid, oxalic	Barbital or veronal
Acid, phosphoric	Cantharides
Acid, sulphuric	Atropine
Alcohol, methyl	Chloral hydrate
Amyl, nitrite	Digitalis
Ant. & Pot. tartrate	Cresols
Apomorphine	Fl. ext. belladonna
Glyceryl trinitrate	Fl. ext. nux vomica
Homatropine	Strychnine
Iodine	Tinct. aconite
Mercury	Tinct. belladonna
Nux vomica	Tinct. nux vomica
Phenols	Alcohol ethyl
Physostigmine	Cocaine
Pot., hydroxide	Codcine
Scopolamine	Morphine
Silver nitrate	Opium
Procaine	Whiskey
Sod. nitrate	Other liquors
Strophanthin	

kept under lock and key in the ward? (Par. 17 a (2) and (3), AR 40-590)

82. Is the disposition of psychiatric cases in accordance with WD Circular 162, dated 2 June 1945?



PHYSICAL MEDICINE AND RECONDITIONING

NAME & GRADE

TITLE  
HOSPITAL & LOCATION

PAGES

- I. GENERAL INFORMATION
- II. PHYSICAL THERAPY
- III. PHYSICAL RECONDITIONING
- IV. OCCUPATIONAL THERAPY
- V. EDUCATIONAL RECONDITIONING (INCL. USAFI)
- VI. SEPARATION CLASSIFICATION & COUNSELING
- VII. NEUROPSYCHIATRIC PATIENTS
- VIII. PARAPLEGIA & HEMIPLEGIA PATIENTS
- IX. AMPUTEE PATIENTS
- X. AMERICAN RED CROSS RECREATIONAL ACTIVITIES
- XI. ARMED SERVICES LIBRARY
- XII. SPECIAL SERVICES BRANCH ACTIVITIES
- XIII. CONVALESCENT ANNEX SECTIONS

REMARKS & RECOMMENDATIONS:

I certify that the answers to the  
following questions are correct

(Signature of officer making report)

I. General Information:

Date:

Name of Hospital:

Location:

Name of Commanding Officer and date he assumed command:

Patient Statistics:

Reconditioning Classification	Surg.	Med.	N.-P.	Paraplegias	TOTALS
I					
II					
III					
IV					
Unclassified					
					GRAND TOTAL

Admissions for past month:

Dispositions for past month:

To duty	_____
Transfers	_____
C. D. D.	_____
Others	_____
TOTAL	_____

Patient A.W.O.L's for past month \_\_\_\_\_

1. Are all patients classified promptly and advanced according to their clinical improvement? (TB Med 207)
2. What system of records are used in Reconditioning classifications?
3. What schedules are in force for Reconditioning activities? Is the program well balanced?
4. Is there a Reconditioning and/or Physical Therapy Council? How often are meetings held?
5. Full name, rank, ASN, MOS, and category (give grade of civilian employees), and assignment of all personnel in:
  - a. Physical Therapy
  - b. Physical Reconditioning

c. Occupational Therapy

d. Educational Reconditioning

e. Separation Classification and Counseling

6. Is there an energetic and capable medical advisor to:

a. Physical Therapy?

b. Reconditioning?

7. Is present personnel sufficient, competent, and interested in their jobs? What change should be made?

8. Does each Section concerned have on hand all current pertinent directives and information? Are directives understood?

9. Are duty personnel adequately orientated as to manner of function of the various Sections? (Sec T, ASF-Cir 400)

10. Do hospital regulations adequately cover the explanations of the functions of all Sections?

11. Is in-service training conducted to qualify all personnel in their jobs?

## II. Physical Therapy:

1. Is space and equipment adequate? Is equipment repaired promptly when out of order? (TB Med 211)

2. Are records maintained properly on current WD AGO Forms? (TM 8-262, Chap IX) Are any local forms used?

3. Is treatment supervised and administered in the accepted manner? What precautions or changes should be initiated? (TB Meds 10, 76, 81, 133, 147, 151, 155, 173 and TM 8-293, and WD pamphlet 8-10, and ltr SGO, "Electrical Stimulation in Peripheral Nerve Injuries", dated 8 October 1945)

4. Are patients properly referred by prescription? Is the correct therapy asked for?

5. Is treatment coordinated with remedial gymnasium conditioning and with functional occupational therapy? What is the method of liaison and progression of referrals?

6. Do representatives of the department make professional ward rounds with the medical officers concerned? How often? (TB Med 210)

7. What is the practice of the Medical Adviser in aiding with consultations in the department and on the wards?



8. What ward therapy is given? Type?

9. What is relationship of out-patients to the patients treated, and how does type therapy required correlate?

III. Physical Reconditioning:

1. Which of the following facilities are present?

- a. Gymnasium
- b. Swimming pool
- c. Golf course
- d. Tennis courts
- e. Volleyball courts
- f. Handball courts
- g. Archery range
- h. Golf driving net
- i. Shuffleboard courts
- j. Badminton courts
- k. Bowling alleys or lawn bowling
- l. Softball diamond
- m. Punching bags and platforms
- n. Goal highs
- o. Bicycles
- p. Boats
- q. Horses
- r. Horseshoe pits
- s. Basketball goals and/or courts
- t. Ping-pong

2. What equipment is furnished for use on the wards or on the interward outdoor areas?

3. Is there a remedial gym program? Is equipment properly used? Is therapy medically supervised and administered properly? Are prescriptions used? (TM 8-292, TB Med 137)

4. Are proper exercises given to Class IV and III patients on the wards? Individually or in groups? Do the ward officers help supervise the correct exercises? (TM 8-292, TB Med 137, and TB Med 207)

5. What exercises are given in the gymnasium or outdoors? Are competitive games scheduled?

6. Is water tested properly in swimming pool, and are bathhouse and pool rules properly enforced? (TB Med 163, WD Cir. 228, 1946)

7. What method is used to maintain hygiene of athletic clothing and shoes?

8. Are adequate athletic supplies on hand? Are they stored and distributed in an efficient manner? (ASF Catalogue, Med 10-25)

and Change T)

9. Are officer patients and female patients scheduled for activities? What is the percentage of participation?

10. What is the overall percentage participation in activities?

#### IV. Occupational Therapy:

1. Are the space, equipment, and supplies adequate? Is there any backlog of supplies requisitioned? (ASF Cat 10-23, ASF Cir 219 with amendments)

2. Are any supplies purchased locally? What fund is used for payments?

3. Are all functional patients treated on a prescription basis? Is prescription blank adequate and understood by medical officers?

4. Does a representative from the department make professional ward rounds with the Surgical and Orthopedic Services? What liaison is established with Physical Therapy?

5. Is the diversional craft program adequate for both ambulatory and bed patients? Do Grey Ladies aid in the ward craft program? (TM 8-291)

6. Is the functional and diversional attendance in keeping with that which should be expected from the number and types of patients?

7. Are patients protected from power machinery and plastic dust, etc., from mechanical sanders, etc?

8. Is functional treatment properly and competently administered? (TM 8-291)

#### V. Educational Reconditioning?

1. Are at least two assemblies per week held for all ambulatory patients?

2. Are the programs based on patient interest, that is, pre-vocational-educational guidance for those returning to civilian status, and military subjects for patients returning to duty? (TM 8-290)

3. Are guest speakers cleared through the public relations officer? Is a list of recent guest speakers and titles maintained.

4. Is GI Hospital Weekly movie shown to all patients? (Part II, Sec V, ASF Cir 412)



5. Are resources of good films from central Film Library and Commercial Sources fully exploited? Is equipment adequate? (TB Med 188) Are projectionists qualified (Part II, Sec VIII, ASF Cir 266; TB Med 145, TB Med 166 with Change T; and Part r, Sec II, SGO Cir 49)

6. Are good relations maintained with American Red Cross?

7. Is there a broadcasting system in use? (Part II, Sec V ASF Cir 60)

8. Do patients participate in programs?

9. Is Armed Forces Radio Service utilized?

10. Are "V" disks as distributed by Special Services Branch utilized? Are all recordings given proper security? Is the weeks program properly balanced and paced?

11. What classes are taught? (TB Med 187, and Part II, Sec T ASF Cir 442) What is the source of instructors and are they qualified? Any pre-technical training offered?

12. Is the supply of visual aids adequate? Are they utilized fully?

13. What is status of officer participation in the various programs?

14. Are USAFI courses given correct and adequate publicity? Is there a display? Are bed patients made cognizance of USAFI opportunities? Has the proper officer attended USAFI conference in Madison, Wis?

15. Are USAFI supplies adequate? Is there delay in receipt of materials ordered?

16. Are USAFI requisitions submitted properly and at the specified time? (Ltr Hqs First Army, "USAFI requisitions", dated 5 September 1946)

17. Are local schools catalogued as to status of accreditation for USAFI courses? (WD Pamphlet 20-4)

18. Are General Educational Development tests administered? Are proper security measures observed?

19. Are Kudea preference tests administered? Are available personnel qualified for proper interpretation of results?

20. What off-the-post trips are conducted for patients? Are the type of trips balanced between entertainment and educational value?



21. Is there a hospital newspaper? Is it well balanced between local and general news, and patient-duty personnel coverage? Is the information published accurate and non-political in nature?

22. Is there an occupational library maintained? Where located?

23. Is there integrated solicitation of talents of the Chaplain, Red Cross workers, ward counselors, Special Services officer, personal affairs officer, USES, liaison officers, and Veterans Administration representatives to bolster the educational program?

#### VI. Separation Classification and Counseling:

1. What personnel is assigned? How many ward counselors are there? How many separation counselors? Is personnel adequate and qualified?

2. Is counseling done on the wards and are patients actively contacted? What system, if any, is in force to see that every new admission is contacted?

3. Is an adequate worksheet in use to record counseling information and recommendations on the individual? (TM 12-236)

4. Is testing performed? Is there a separate room provided? Are counselors receiving initial classification sheets from the initial physical examination?

5. After the patient is to be returned to duty, is the Form 20 posted with a recommended new MOS and a letter provided establishing the physical condition of the patient?

6. Are follow-ups made on all initial interviews?

7. Are group guidance sessions held?

8. Is good liaison maintained among related agencies, i.e. Red Cross Social workers, personal affairs officer, Army liaison officers, USES, Ward officer, Veterans Administration representatives, and educational reconditioning, etc?

9. Is new and current counseling information disseminated to all patients via bulletin, or some other medium?

#### VII. Neuropsychiatric Patients (TB Meds 28, 32, 80 with Change T, 84, 94 and 103):

1. Are open ward cases given an orientation talk upon admission?

2. Are NP patients promptly transferred to a special hospital or center?

3. Is there a separate reconditioning program for NP cases? Are open ward cases handled separately from closed ward ones?

4. Are provisions made to insure safety among patients and personnel while participating in a program either inside or outside?

5. Is the craft program adequate on and off the wards?

6. Is there proper clearance with medical officer in charge for all programs and films for NP patients?

#### VIII. Paraplegia and Hemiplegia Patients:

1. Is separate and sufficient personnel provided for:

Physical Therapy?

Functional Occupational Therapy?

Remedial Conditioning, including a mobilization program?

Diversional craft, film, and entertainment program?

2. Is equipment adequate? (SB 8-30 with Change I)

3. Is treatment properly administered? (Part III, Sec III, ASF Cir 440, TB Med 162)

4. What is state of morale of the patients? Is there any evidence of neglect?

5. Are the psychological problems properly dealt with and kept at a minimum?

6. Is there an automobile and instructor available in which driving may be learned? Is nursing care proficient? Is diet adequate, and is there a choice on the menu?

#### IX. Amputee Patients:

1. Is equipment and qualified personnel adequate for the mobilization program?

2. Are prosthetic appliances expertly constructed, applied, and refitted? Is there any unnecessary delay involved?

3. Are the correct remedial conditioning exercises applied? (WD Pamphlet 8-10) Is the physical therapy program adapted to the desirable therapy? (TM 8-293, Part II, Sec V, ASF Cir 298)

4. Are the psychological aspects fully coped with?

5. Are patients properly trained to meet the adjustment to everyday living problems as well as employment aspects?



X. American Red Cross Recreational Program:

1. Are recreational workers sufficient?
2. Is entertainment program of the correct type and quality on the wards? In the recreational hall?
3. Is there a separate Arts and Skills program? Is it supervised by the O.T. department? Are wards covered?
4. Are Grey Ladies and Volunteers adequate? Are they treated properly to make it a distinct pleasure to offer their services?
5. Are any classes taught in music, photography, etc? Does War Service Photographers offer their services?
6. Is motion picture equipment and coverage adequate?
7. What off-the-post trips are conducted?
8. Is there any conflict of activities with those of other organizations in the hospital? (WD Cir 186, 1945)

XI. ASF Library:

1. Is the library attractive and centrally located? Is space provided for reading?
2. Are the books and periodicals available in proper numbers and balanced as to content and type?
3. Are attractive displays on the best current literature set up? Total number of volumes? Fiction? Non-fiction? Total monthly circulation? Total monthly attendance? Total number of registered borrowers?
4. Are bed patients carried an appropriate selection of books, magazines, and newspapers at least twice per week?

XII. Special Services Branch Activities:

1. Are patients included in pertinent activities on and off the post?
2. Is there harmony between Reconditioning and Special Services?

XIII. Convalescent Annex Section:

1. Are adequate beds allocated for officers and enlisted patients separately? (Part II, SGO Cir 50)
2. Is there a qualified unit commander and a supply sergeant?
3. Are patients provided with Class A and B (Fatigues) uniforms? Athletic shorts and shoes? (SB 10-249 with changes I & II)



4. Do the patients make their own beds, toilet, police, and wax the floors, etc?
5. Are patients used on hospital work details where feasible?
6. Is there an extensive and well-balanced recreational athletic program in force? (TM 8-292)
7. Do patients participate in military retreat and parade formation?
8. Are there any military drills conducted?
9. Is medical care and follow-up adequate?
10. Are patients satisfied with their advanced convalescent therapy?
11. Are any patients transferred to the convalescent section too early and before all definitive medical care is completed?

Current References:

Technical Manuals:

<u>Technical Manuals:</u>	<u>Date</u>	<u>Subject</u>
8-290	Dec 44	Educational Reconditioning
8-291	Dec 44	Occupational Therapy
8-292	Dec 44	Physical Reconditioning
8-293	Jun 46	Physical Therapy for Lower Extremity Amputees
8-262, Chap IX (revision pending)	15 Feb 46	Administration of Physical Therapy
12-236	Apr 45	Preparation of Separation Forms

ASF Circulars:

<u>ASF Circulars:</u>	<u>Date</u>	<u>Subject</u>
60 Part II, Sec V	1946	Hosp Program Distr. Systems
219 Part II, Sec III	1945	Estab. O.T. in ZI Hospitals
Amended: 380 Sec XI	1945	
38 Sec I	1946	
266 Part II, Sec VIII	1945	Reconditioning Films
298 Part II, Sec V	1945	Amputee Reconditioning
400 Sec I	1944	Film TF 8-2070, Recondition
412 Part II, Sec V	1945	Hosp GI Movie Weekly
440 Part III, Sec III	1945	Conv Care for Patients with Spinal Cord Injuries
442 Part II, Sec I	1945	EM-1000 Educational Courses Catalogue

TB Meds:

<u>TB Meds:</u>	<u>Date</u>	<u>Subject</u>
10	1944	Physical Therapy & Surgical Therapy

<u>TB Meds:</u>	<u>Date</u>	<u>Subject</u>
28	1944	Neuropsychiatric Program
32	1944	Neuropsychiatric Program
76	1944	Neurological Diagnostic Techniques
80	1944	Neuropsychiatric Program
80 (Change 1)	1944	Neuropsychiatric Program
81	1944	Trench Foot
84	1944	Neuropsychiatric Program
94	1944	Neuropsychiatric Program
103	1944	Neuropsychiatric Program
133	1945	Traction for Fractures
137	1945	Physical Reconditioning for Bed Patients
145	1945	Educational Reconditioning Films
147	1945	Notes on Care of Battle Cas.
151	1945	Management of Thermal Burns
155	1945	Aphasic Language Disorders
162	1945	Spinal Cord Injuries
163	1945	Sanitary Control of Army Swimming Pools
166	1945	Educational Films
166 (Change 1)	1945	Educational Films
173	1945	Massage in Physical Therapy
187	1945	Music in Reconditioning
188	1945	Use of Panorama Projectors
207	1945	Ward Officers & Reconditioning
210	1945	Professional Rounds in Hospitals
211	1945	Lower Bearings for Leg & Army Bath (Manuf.by J. Baker Co.)

<u>SOG Circulars:</u>	<u>Date</u>	<u>Subject</u>
30 Part II	1946	Post-War Convalescent Program
49 Part I, Sec II	1946	Films, Reconditioning

<u>ASF Catalogues:</u>	<u>Date</u>	<u>Subject</u>
Med 10-23	1944	Occupational Therapy
Med 10-25	1944	Physical Reconditioning
Med 10-25 (Change 1)	1945	Physical Reconditioning

<u>Supply Bulletin:</u>	<u>Date</u>	<u>Subject</u>
8-30	1946	Equipment for Paraplegics
8-30 (Change 1)	1946	Equipment for Paraplegics
10-249	1945	Supply of Athletic Clothing
10-249 (Change 1)	1945	Supply of Athletic Clothing for Patients at Hospitals
10-249 (Change 2)	1946	Supply of Athletic Clothing for Patients at Hospitals

<u>WD Pamphlets:</u>	<u>Date</u>	<u>Subject</u>
8-10	1946	"Individual Exercises for Lower Extremity Amputees"
20-4	1946	"List of Extension Courses Available in Colleges and Universities"

<u>WD Circulars:</u>	<u>Date</u>	<u>Subject</u>
228 Sec VI	1946	Swimming & Life Saving
186 Sec II	1945	American Red Cross Activi- ties in Army Hospitals - Clarification of AR 850-75

LETTER HEADQUARTERS FIRST ARMY

"USAFI REQUISITIONS," dated 5 September 1946

LETTER, OFFICE OF SURGEON GENERAL:

"Electrical Stimulation in Peripheral Nerve Injuries," dated 8 October 1945



CHIEF, DENTAL SERVICE

NAME

GRADE

DATE

PLACE

I. General

II. Personnel

III. Professional

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)

## I. General

1. Are the rooms set aside for the dental clinic suitable, well lighted, clean and neat in appearance?
2. Is the opinion of the dental surgeon secured in writing when the construction, improvement, or upkeep of the dental clinic is under consideration? In such cases, does the dental surgeon forward a copy of his recommendation through channels to The Surgeon General? (Ar 40-15, par. 11 b (1) and (2))
3. Has a suitable waiting room been set aside for dental patients? (Par. 11, AR 40-15)
4. Does the dental surgeon regularly make such inspections and checks of dental supplies and equipment as will insure that the property is in serviceable condition at all times? (Par. 6 a (1), AR 40-1705)
5. Does the dental surgeon inspect his instruments to determine their serviceability once a month? (Par. 12, AR 40-15 and AR 40-1705)
6. Does the dental surgeon maintain a file showing the non-expendable property for which he is responsible? (Par. 4 b, AR 40-1705)
7. Are dental supplies satisfactory as to kind, quantity and quality? (Par. 12, AR 40-15 and Medical Department Supply Catalog)
8. Does the dental surgeon pay special attention to the safekeeping and proper use of poisons, narcotics, alcohol and substances containing alcohol? (Par. 17 a (2), AR 40-590 and Par. 12 a, AR 40-15)
9. Are poisons, narcotics and alcohols kept under lock and key? (Par. 17 (2), AR 40-590 and par. 12 a, AR 40-15)
10. Who is entrusted with the key to the poison cabinet? (Par. 17 a (2), AR 40-590 and par. 12 a, AR 40-15)
11. Is gold plate, gold for castings, gold solder and gold lingual bars kept in a safe, except when not actually being used in the processing of cases? (Change #2, par. 12 b, AR 40-15, and change #3, par. 6 d, AR 40-1705)
12. Is there any unserviceable gold on hand? (Change #3, par. 6 d, AR 40-1705)
13. Is scrap gold and platinum turned over to the Salvage Officer? (Change #3, par. 6 d, AR 40-1705)
14. Is the dental clinic properly protected from theft, fire and other damage? (AR 40-590, par. 2 a)
15. Is there any accumulation of property or supplies on hand? (Par. 6, AR 40-1705)

16. Is there any obsolete, damaged or unserviceable property on hand in the dental clinic? (Par. 6 b, AR 40-1705)

17. Has the medical property in the dental clinic been examined and verified by a commissioned officer of the Medical Department within the last year? (AR 35-6520)

18. Is it understood by all concerned that the greatest care must be used with heating units to avoid burning out of the heating coils? (Par. 2, AR 35-6640)

19. Is change #3, AR 40-1705, dated 10 February 1945 being followed regarding monthly inspections and verification by disinterested Medical Department officer of items of gold, platinum and similar materials?

20. Is all inflammable material protected from the danger of fire? (Section IV, par. 20 d, AR 700-10)

## II. Personnel

21. Is the dental personnel sufficient? If not, detail the need for additional personnel.

22. Have regulations been drawn up for the dental service, including hours of duty, property regulations, sanitation, the keeping of records, etc? (Par. 21, AR 40-590)

23. Has the dental surgeon trained his enlisted assistants to keep the records of the clinic? (Par 10, AR 40-15)

## III. Professional

24. Does the dental surgeon keep an appointment book?

25. What method is used in making appointments with military personnel?

26. What percent of personnel fails to keep appointments?

27. Is dental treatment accorded to all who are entitled to receive it?

28. Is there a daily emergency hour, and how does it relate to sick call?

29. How many hours during the coming week are taken up with appointments?

30. Does the dental surgeon make an oral inspection at the time the surgeon conducts the monthly physical inspection? (Par. 3, AR 40-15)



31. What is the date of the last complete dental survey of the command? (Par. 3 c, AR 40-510)

32. What is the present dental classification of the command? Class I, Class II, Class III, Class IV? (Par. 3 a and b, AR 40-510)

33. Are appointments made in accordance with the result of the classifications? (Par. 1 c and par. 3 a, AR 40-510)

34. What administrative action is taken to insure that the following military personnel report to the dental surgeon for examination and necessary dental treatment?

a. Persons ordered to permanent detached service?

b. Persons who may be performing detached service while attending summer training camps and such other times as they may be at the station? (Change #2, par. 7, AR 40-510)

c. Is every effort extended to complete all essential dental treatment for a soldier once begun prior to discharge? (SGO, Circular Letter #155, dated 1943)

35. Does the dental surgeon keep himself informed of existing or anticipated conditions with reference to their influence on dental health, and does he communicate such of this information as has a bearing upon military administration to the surgeon and recommend to him measures deemed advisable? (Par. 6 b, AR 40-15)

36. Are the instructions contained in SGO, Circular Letter #1, dated 1942 being complied with?

37. Are civilian dependents treated at the dental clinic for non-emergency conditions or is such treatment limited to emergency treatment for pain and inflammation?

38. Is dental report Form WD AGO, Form 8-98 forwarded promptly at the end of each month as prescribed in change #4, par. 2 a, AR 40-1010, dated 10 April 1945?

39. At the close of each month, are the following reports fastened together and filed as "Dental history, Fort \_\_\_\_\_, for the month of \_\_\_\_\_"?

a. MD Form #57.

b. Report of dental opinions on clinic.

c. Schedules of instruction for enlisted assistants.

d. Memoranda recommended for incorporation in sanitary order.

e. Special reports and articles for publication.

f. Other pertinent data.

(Par. 2 b and c, AR 40-1010)

40. Are the WD AGO Forms 8-98 being submitted promptly after the first of each month? (SGO, Circular Letter #1, 1942)

41. At the close of each calendar year, has an index been made of all subjects listed above and filed as: "Index to the dental history, Fort \_\_\_\_\_, year of \_\_\_\_\_"? (Par. 2 c (2), AR 40-1010)

42. Are dental reports checked as to accuracy? (AR 40-1010, Par. (d))

43. Is a record of all dentures inserted being noted on Immunization Record, Form 8-117, for officers and enlisted men per AR 40-215, dated 25 April 1945?

44. Is there a current file and permanent file of Register cards of dental patients, MD Form #79? (Par. 4 c (1) and (2), AR 40-1010)

45. In cases where patients were hospitalized for dental treatment only, does the chief of dental service furnish the ward officer with a copy of the patient's case record to be attached to the patient's clinical record?

46. Are patients in the hospital who require dental examination and report or dental treatment sent to the dental clinic with a report from the ward officer showing names, etc., and whether referred for dental examination or treatment, or both, the patient's diagnosis, his probable duration of hospitalization, together with any remarks pertinent to the case, with special reference to the presence of syphilis in the infectious stage?

47. Is ASF Circular #118, dated 1945, regarding backlog of prosthetic work being followed?

48. Are the provisions of AR 40-1010, change #3, regarding acceptance or non-acceptance by patient of precious dental materials and AR 40-1010, change #4, subject: Monthly Dental Reports, being followed?

49. Are the provisions regarding items of gold, platinum, and similar materials per change #3, AR 40-1705, dated 10 February 1945 being carried out?

50. Are metals of value in dental appliances constructed at the expense of the Government which are subsequently removed from the mouths of Army dental patients, disposed of in accordance with par. 6 d, Change #3, AR 40-1705?

51. Are broken sets of teeth, item 56120 Teeth Vulcanite, being used to fabricate partial dentures? (SGO, Circular #199, dated 1943)

52. How many full dentures have been made during each month of the past year?

a. How many partial dentures?

b. Has there been any unreasonable delay in furnishing dentures?

53. Have all excesses of items 5612050 Teeth Vulcanite Anterior and item 5612055, Teeth Vulcanite Posterior been returned to the Binghamton Medical Depot, Binghamton, New York? (Par. 28 a, TM 10-205)

54. Is WD Circular #173, dated 11 June 1945, regarding identification of Acrylic Dentures being followed?



CHIEF NURSE

NAME

GRADE

DATE

PLACE

- I. Supplies
- II. Personnel
- III. Professional

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

## I. SUPPLIES.

1. Does the chief nurse maintain a record of non-expendable supplies on WD AGO Form 446? (AR 35-6520)
2. Is there any accumulation of supplies or equipment on hand in the nurses' quarters in excess of present requirements? (Par. 6, AR 40-1705)
3. Are there any obsolete, damaged or unserviceable supplies or equipment on hand? (Par. 18, AR 700-10 and par. 6, AR 40-1705)
4. Are the cabinets containing liquor, opiates and poisons kept under lock and key and the key in the possession of the nurse in charge of the ward? (Par. 203 b (5), TM 8-260)
5. Is particular care taken in maintaining the ward narcotic register?
6. Is it understood dietitians and physical therapists appointed and assigned shall together with nurses have authority in and about military hospitals as regards medical and sanitary matters? (Par. 4, AR 40-26)
7. Within the limits of availability, are the uniforms of the nurses and staff laundered in the hospital laundry at the rates prescribed by the Quartermaster General? (Par. 14, AR 40-590 as amended by Change #2, dated 12 March 1945)
8. Are the nurses' quarters comfortably furnished?
9. Do the nurses have a place to entertain male visitors?
10. Do the dietitians and physiotherapy aides have adequate quarters?

## II. PERSONNEL.

11. What is the grade and number of the following on duty at the hospital? (Par. 1, AR 40-20)
  - a. Nurses.
    - (1) Army Nurse Corps.
    - (2) Civilian.
  - b. Dietitians.
  - c. Physiotherapists.
12. Is it possible to grant annual leave to the nurses without crippling the service?

13. Are dietitians and physiotherapists subsisted under the provisions of existing regulations for the operation of messes for duty and patient personnel in an officer's status? (AR 40-590 and AR 210-10)

14. Are civilian personnel employed in the nurses' quarters? If so, are they paid with public funds? (SGO, Circular letter #23, dated 1943)

### III. PROFESSIONAL.

15. Has the chief nurse designated one nurse for each ward to act as its responsible head under the following regulations: (Par. 203, TM 8-260, dated 16 July 1941)

a. To be in charge of the ward, the nurses, the enlisted personnel, and other persons assisting in the nursing care of patients, and of the patients under the direction of the ward officer?

b. To receive from the ward officer all orders relating to the care and treatment of the patients in the ward, and to record the orders for the guidance of both day nurses and night nurses?

c. To be responsible for the proper nursing of the patients, the proper serving of all food in the ward, the administration of medicines and other treatment prescribed, the cleanliness and order of the ward, the safety of the effects of the patients until they have been turned over to the proper custodian, the prompt transmittal of prescriptions to the pharmacy, and the prompt delivery of the diet orders to the mess officer.

16. Does the chief nurse prepare the records, reports, returns, etc., concerning nurses, and does she indorse or initial all official papers submitted in connection with the nurses and requiring the signature of the medical officer in command? (Par. 10 d, AR 40-20)

17. Are the required ward records and routine reports legible and carefully and accurately maintained?

18. a. Is the head nurse responsible for the service of meals in the ward?

b. Is she required to make full report when food is not satisfactory?

c. Does she attempt immediately to rectify any mistakes observed?

d. Is proper tray service provided for all bed patients?

e. Is there a sufficient variety and quantity in each meal?



- f. Is food properly cooked?
  - g. Is there any waste?
  - h. Are attendants permitted to eat in the wards or diet kitchens?
  - i. Does the ward officer personally inspect the service of one meal daily in his ward?
  - j. Does the ward officer specifically state the patients who shall go to the dining room for meals?
  - k. What system is used to transport food to the ward?
  - l. What measures are taken to insure that foods will be served hot to the bed patients?
  - m. Are bills of fare for diets prescribed by the commanding officer made out and posted in the ward office? (Par. 16 f (1), AR 40-590)
19. Does she see that nurses properly perform their duties and make herself responsible for the maintenance of discipline among them both while on duty and in quarters? (Par. 10 d, AR 40-20)
20. Does she arrange the hours of duty, rest periods, and assignments of all nurses; arrange for the comfort and general well-being of the nurses under her charge and report to the commanding officer any matters which injuriously affect the same? (Par. 10 d, AR 40-20)
21. Has the chief nurse assigned a nurse to supervise the nursing service of the hospital at night and to report to the chief nurse upon relief any unusual incidents of the night's work and any derelictions of duty on the part of the night nurse? (Par. 10, AR 40-20).
22. Does the nurse act directly under the immediate orders of the commanding officer of the hospital in regard to all matters pertaining to the general supervision of the nursing service and to the nurses' quarters. (Par. 10 d, AR 40-20)
23. Does the chief nurse familiarize herself with Army Regulations insofar as they relate to the Army Nurse Corps and instruct the nurses under her supervision in the regulations pertaining to them, and in their duties peculiar to army work, and when necessary in all matters pertaining to their nursing work? (Par. 10 d, AR 40-20)
24. Is it the policy of the commanding officer that army nurse personnel will not be assigned to non-nursing duties? (Section I, WD Circular #447, dated 24 November 1944)

25. Are the duties of the dietitians and physical therapists the same as those prescribed by AR 40-25?

26. List the duties of the dietitian.

27. List the duties of physiotherapists and total number of physiotherapy treatments given for the past month.

28. Is care exercised to insure that nurses with psychiatric training are assigned to the care of neuropsychiatric patients as far as exigencies of the service will permit? (LD Circular #447, dated 24 November 1944)

29. Do the WAC Medical and Surgical Technicians work the same number of hours per day and week as the army nurses? (Section IV, Par. (2), WD Circular #121)

30. Are the nurses who are directly responsible for the supervision of the WAC Medical and Surgical Technicians familiar with the duties as set forth in ASF Circular #108, Section V, Part 2.





CHIEF DISPENSARY SERVICE

NAME

GRADE

DATE

PLACE

- I. Sick Call
- II. Outpatient Department
- III. Venereal Disease Control

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)

## I. SICK CALL.

1. At what hour is sick call held each day? (Par. 4, AR 40-505)

2. Is it a rule that the name of every militarized person in need of medical attention will be placed on daily sick report, WD AGO Form #5? (Par. 4, AR 345-415, dated 1945)

3. Is the first entry for each occasion made on the line immediately following the signature of the organization or detachment commander and medical officer to the preceding entry? (Par. 1 c (2), AR 345-415)

4. Does the organization or detachment commander invariably place an interrogation point (?) in the proper column when he cannot state definitely at the time whether or not the disease or injury was incurred in line of duty? (Par. 6 a (3)(g), AR 345-415, dated 1945)

5. Does the surgeon in every case of injury consider whether or not the case may result in partial or complete permanent physical disability and be made on the basis of a claim against the government? (Par. 9, AR 345-415, 1945)

6. If he believes that it may so result, does he immediately take steps to request the action of a board of officers? (Par. 9 b, AR 345-415, dated 1945)

7. Are the entries in the "Line of Duty" column of the Daily Sick Report, WD AGO Form #5, in compliance with par. 6 b (2) (b), AR 345-415, dated 1945?

8. Do entries in the Daily Sick Reports show (1) name, (2) grade, (3) army serial number? (Par. 6 a (1), AR 345-415 dated 1945)

9. When the organization or detachment commander or the medical officer determines that the injury to an enlisted man resulted from his own misconduct, is the notation "No. 107 AW" made in the line of duty column? (Par. 6 a (3), AR 345-415, dated 1945)

10. Similarly, if an absence from duty of an enlisted man is caused by venereal disease due to his own misconduct, the initial symptoms of which appeared more than a year prior to such absence, does the notation "No. 107 AW" appear? (Par. 6 a (3), AR 345-415, dated 1945)

11. In case of an entry where the organization or detachment commander or the medical officer is of the opinion that the sickness of an officer or enlisted man was due to causes noted as "The effects of a disease which is directly attributable to and immediately follows his own intemperate use of alcoholic liquor or

habit-forming drugs", does this entry appear in the line of duty column, "No: AR 35-1440"? (Par. 6 a (3), AR 345-415, dated 1945)

12. In case that the organization or detachment commander and the surgeon do not agree upon the line of duty status, is the daily sick report presented to the commanding officer for his decision to be placed in the "disposition" column and signed with his official signature? (Par. 7 b, AR 345-415, dated 1945)

13. Do erasures appear on the daily sick report in violation of orders? (Par. 5 c, AR 345-415, dated 1945)

14. When an incorrect entry has been made, is a line drawn through the margin of the page? (Par. 5 c, AR 345-415, dated 1945)

15. Are the prescribed modification in the WD AGO Form #5, Daily Sick Report, made in compliance with par. 18, AR 345-415, dated 1945?

16. Is the signature, grade, and organization or arm or service of the organization or detachment commander and medical officer placed on the line immediately below the last entry for each occasion, each officer signing below the items of his report? (Par. 6 b, 7, AR 345-415, dated 1945)

17. Does the outpatient service furnish medical attendance to all persons entitled thereto? (AR 40-505)

## II. OUTPATIENT DEPARTMENT.

18. Does the medical officer in charge of the outpatient service conduct the prescribed physical examination of enlisted men? (AR 615-250)

19. Are enlisted men permitted to prescribe for patients?

20. Are all patients with temperature of 100°F or more, admitted to hospital?

21. Is an outpatient index kept in the outpatient service for all patients treated but not admitted to the hospital?

22. How are outpatient records disposed of when no longer required for current use? (Par. 1 c (1), AR 40-1005)

23. Is a record kept of the number of patients treated, number of treatments, examinations, etc., for use in preparation of WD AGO Form 8-23 at the end of the month? (Par. 104-106 inclusive, AR 40-1025)



24. Are the above patients divided as follows;

a. Outpatients

(1) Military patients.

(2) Non-military patients.

b. Physical examinations.

c. Vaccination, etc.

(1) Typhoid immunizations.

(2) Smallpox vaccinations.

(3) Schick tests.

(4) Diphtheria toxin antitoxin.

(5) Others (specify)

25. How many patients were seen in the outpatient service during the last completed month? (Section IX, AR 40-1025)

26. Are optometrists who perform refractions for military personnel:

a. Licensed in the state in which he is registered?

b. Graduate of an approved school of optometry? (WD Circular #143, dated 12 April 1944)

27. Is Spectacle Order Form, WD AGO Form No. 8-145, prepared in compliance with Section III, WD Circular #129, dated 1945?

28. When administering biological preparations, including typhoid paratyphoid vaccine, is there immediately at hand for emergency use an hypodermic syringe and solution of epinephrine 1-1000? (SGO Circular letter #1, dated 1941)

29. Is P.O.M. - 1 August 1943, subject: Vaccination Against Yellow Fever, complied with? (Given at POE - if in movement orders)

30. Is SGO Circular Letter No. 13, subject: Serological Tests in Syphilis, complied with?

31. When tetanus toxoid is administered, is it done in accordance with par. 10 b (3), AR 40-210?

32. Is the new WD AGO Form 8-117 (Immunization Register and other Medical Data) initiated in duplicate for enlisted and commissioned personnel in compliance with AR 40-215, dated 25 April 1945?

33. Does the unit commander maintain WD AGO Form 8-117 (Immunization Register)? (Par. 4, AR 40-215, dated 25 April 1945)

34. Does the surgeon order that there be conducted a daily inspection of contacts when the first case of measles, mumps, diphtheria, scarlet fever, influenza, epidemic meningitis, etc., appears in an organization? (Par. 3 a, AR 40-210)

35. Are persons suffering from all cases of illness with catarrhal symptoms accompanied by a temperature of 100°F, or above, hospitalized? (Par. 14 c, AR 40-210)

36. Is the surgeon familiar with local civil laws in regard to quarantine, reporting births, deaths, and communicable diseases, etc.? (Par. 41, AR 40-1080)

37. Are telegraphic and other reports of communicable diseases made when troops are transferred to another post or station? (Par. 39, AR 40-1080)

38. Has the blood type on all military personnel been determined and have the results been recorded on the identification tags and on the service records? (Par. 5 a, Change #2, AR 40-1715, dated 25 October 1943)

39. Is the blood typing of individuals accomplished at the time they are processed through reception centers? (Part II, Section IV, ASF Circular letter #92, dated 3 April 1944)

40. Is it clearly understood by medical officers on duty that sulfanilamide will be employed only when the patient is kept under careful medical supervision in hospital and that it will not be administered to outpatients? (SGO Circular letter #13, par. 4, dated 1938, and SGO Circular letter #17, dated 1940)

41. In the absence of qualified Naval, Marine Corps and Coast Guard personnel to conduct line of duty investigations on their respective personnel, whose death comes under the provisions of par. 18 a (2) and (3), AR 600-550, are Army officers appointed investigating officers to determine the line of duty status of such personnel, and is the investigation conducted in the same manner as provided for deceased personnel? (Par. 18 c (1), AR 600-550)

42. Are any army patients treated or observed on an outpatient status for a condition subsequently diagnosed as "Pregnancy"? Is an individual medical record on WD AGO Form 8-24 prepared in each case? (Par. 8 b (3), AR 40-1025)

43. Are any venereal disease cases treated as outpatient? Is an individual medical record on WD AGO Form 8-24 prepared in each case and forwarded to the Surgeon General's Office with the monthly report? (Par. 8 b (1), AR 40-1025)



44. Are all concerned familiar with the contents of TB Med 170, Medical Problems of Redeployment, dated June 1945?

a. Does the medical officer do his part in convincing the soldier of the necessity for his continued service in the Army?

b. Is maximum use made of treatment in dispensaries and outpatient clinics and of treatment while on duty status?

c. Is the need for many consultations eliminated by thorough examinations in the dispensaries?

d. Is it understood that consultation will not be requested merely for "clearance"?

e. Are those patients who are ill given the benefit of all possible treatment?

### III. VENEREAL DISEASE CONTROL.

45. Is the prophylactic station, operated by enlisted men, trained for this duty? (Par. 23 b and c (2), AR 40-210, dated 4 July 1945)

46. Is the Syphilis Register (WD AGO Form 8-114), old WD MD Form 78, maintained in compliance with par. 24 c, AR 40-210?

47. Are cases of uncomplicated gonorrhea treated on a dispensary status in compliance with TB Med 196, dated 20 August 1945?

48. Is a list of those undergoing treatment for uncomplicated gonorrhea on a dispensary status and not excused from duty, kept both by the organization commander and by the surgeon? (Par. 23 g, AR 40-210)

49. Is it understood that the only disciplinary action that will be taken, if an individual contracts a venereal disease, is for failure to report his infection? (Par. 23 f, AR 40-210)

50. How many of the cases of venereal disease reported during the past month were contracted in the vicinity of the post?

51. Is information on probable civilian sources of infection transmitted on WD AGO Form 8-148 (old WD MD Form 140) in duplicate promptly and by the most direct route to the local or state health officer of competent jurisdiction? (Par. 23 d, AR 40-210)

52. Is there any marked difference in venereal rates in various units of the command?

53. What means are used to restrict venereal cases while in the infectious stage? (Par. 22, AR 40-210)



54. Is the information contained on WD AGO Form 8-148 (old WD MD Form 140) adequate, and legible? (Directions on reverse of form)

55. Are the following individual prophylactic items readily available to military personnel with the least amount of embarrassment?

Item 9118000 Prophylactic, chemical, individual.

Item 9118100 Prophylactic, mechanical, individual.

(Par. 23, AR 40-210)

56. Are the individual prophylactic items issued by the medical supply officer without reimbursement in the same manner as any other expendable item of supply? (Par. 23 c, AR 40-210)

57. Is syphilis and gonorrhea treated in accordance with TB Med 198, dated 20 August 1945.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It contains a report on the state of the Union and the progress of the war.

2. The second part is a report from the Secretary of the Treasury, dated January 10, 1862. It contains a report on the state of the Treasury and the progress of the war.

3. The third part is a report from the Secretary of the Interior, dated January 17, 1862. It contains a report on the state of the Interior and the progress of the war.

4. The fourth part is a report from the Secretary of the Navy, dated January 24, 1862. It contains a report on the state of the Navy and the progress of the war.

5. The fifth part is a report from the Secretary of the War, dated January 31, 1862. It contains a report on the state of the War and the progress of the war.

INDUSTRIAL MEDICAL OFFICER

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the following questions are correct.

(Signature of officer making report)



1. Are Forms CA-16 or CA-17 received when beneficiaries of U.S.E.C.C. are admitted to hospital? (WD Circular #175, dated 1945)
2. Is CA-20 executed by the M.D. and forwarded to the Commissioner in accordance with WD Circular #175, dated 1945?
3. Is CA-21 executed by the medical officer and forwarded to the Commissioner upon discharge of beneficiary from the hospital? (WD Circular #175, dated 1945)
4. Is the report of hospitalization for beneficiaries of U.S.E.C.C. submitted to the Surgeon General (Attention: Fiscal Division) on WD AGO Form R-5057 (Control Symbol AA-P4-01) in duplicate, by the 10th day of each month? (WD Circular #175, dated 1945)
5. Is the U.S.E.C.C. notified of any transfers of its patient beneficiaries? (WD Circular #175, dated 1945)
6. Are reports of treatments rendered beneficiaries of U.S.E.C.C. submitted to Surgeon General (Attention: Fiscal Division) on WD AGO Form R-5058 in duplicate by the 10th day of each month for injuries incurred in line of duty? (WD Circular #175, dated 1945)
7. Are adequate records maintained in medical facility as per par. 7 b, WD Circular #175, dated 1945?
8. Has the medical officer, contract surgeon, or civilian physician at posts operating under the Industrial Medical Program been designated as a member of the Board of U.S. Civil Service Examiners in accordance with Section I, WD Circular #155, dated 1945?
9. Is the designation of a member of the Board of U.S. Civil Service Examiners up to date for your installation? (WD Circular #155, dated 1945)
10. Is WD AGO Form 8-177 (Quarterly Occupational Health Report) regularly completed and forwarded through channels to the Office of the Surgeon General by the 5th day of July, October, January, and April? (Letter, SPGSM-M 701, Hq., 2nd Sv.C., dated 3 May 1945)
11. Are the principles embodied in ASF Manual M-210, dated 1945, being followed in your installation?
12. Are inspections regularly made to determine the presence of mechanical or environmental health hazards in the working areas? Are reports of the findings made in writing to the commanding officer? (ASF Manual M-210, dated 1945)
13. Are problems of industrial hazards involving potential threats to the health of the working personnel promptly referred to the Industrial Medical Officer in the First Army Surgeon's Office?

14. Are all medical records including replacement physical examinations (Civil Service 2413 or WD AGO Form 8-179) kept in the Medical Department files? (ASF Manual M-210, dated 1945)

15. Is the patient-physician relationship maintained on a confidential and ethical basis? (ASF Manual M-210, dated 1945)

16. Is a unit Medical 201 file maintained in the Medical Department?

17. Does the Personnel Division definitely and specifically designate the job for which the applicant is to be physically examined? (ASF Manual M-210, dated 1945)

18. Are employees examined by the Medical Department prior to shifting between departments of the installation? (ASF Manual M-210, dated 1945)

19. Are special examinations periodically made on employees exposed to potentially toxic or hazardous substances or chemicals? (ASF Manual M-210, dated 1945)

20. Is each employee immunized and vaccinated on employment unless a satisfactory certificate of recent date is furnished? (ASF Manual M-210, dated 1945)

21. Does the prospective employee receive an acceptable serologic examination for syphilis? (ASF Manual M-210, dated 1945)

22. Have periodic, initial, individual, or mass x-ray surveys been conducted at your installation to determine the presence of pulmonary disease?

23. Are terminal physical examinations done? (ASF Manual M-210, dated 1945)

24. Have salt tablets and dispensers been made available to all personnel doing heavy manual labor? (Dose: 1 ten-grain tablet for each 2 glasses of water, etc.) (Ref. WD Circular #129 and #169, dated 1941)

25. Are adequate and complete medical records maintained on all patients coming to the dispensary?

26. Are check-ups with department heads made to determine adaptability of handicapped workers? (ASF Manual M-210, dated 1945)

27. Are all cases of employees injured in line-of-duty accidents closely followed to insure minimum loss of time and early return to such jobs as they are able to perform?

28. Are employees complaining of non-occupational illness or injuries promptly referred to their private physician for care and attention? (ASF Manual M-210, dated 1945)



29. Are treatment records maintained for employees with non-occupational complaints? (ASF Manual M-210, dated 1945)

30. Do employees report to the dispensary or aid station prior to going home when complaining of illness? (ASF Manual M-210, dated 1945)

31. Do all employees absent due to alleged illness report to the dispensary or aid station prior to returning to duty? (ASF Manual M-210, dated 1945)

32. Are medical records of civilian employees no longer employed at the installation sealed in an envelope and sent to the Personnel Department for dispatch to Civilian Personnel Records Branch, Record Administration Center, AGO, 4300 Goodfellow Avenue, St. Louis, Mo.

33. Are daily and monthly tally sheets (WD AGO Form 8-175) maintained? (ASF Manual M-210, dated 1945)

34. Has all medical property on the post, including disaster aid kits, etc., been picked up by Medical Department Supply Officer for control and issue in accordance with par. 2 of letter, Hq., 2nd Sv.C., subject: "Medical Service to Civilian Employees in Army-operated Arsenals and Depots", dated 10 June 1942?

35. Is the monthly report of injury of military personnel compiled and forwarded through channels?



CHIEF, LABORATORY SERVICE

NAME

GRADE

DATE

PLACE

- I. Physical Requirements
- II. Personnel
- III. Professional

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)

## THE LABORATORY OFFICER

### I. PHYSICAL REQUIREMENTS:-

1. Are the rooms or building used as a laboratory suitable? (Par. 2, AR 40-590). Note:- Inspect the blueprints showing the rooms, the floor space of each room; e.g. waiting room, offices, store room for laboratory supplies, hematology, chemistry, serology, etc.
2. Are the laboratory supplies and equipment sufficient and satisfactory? (Par. 3, TM 8-227)
3. Are supplies maintained at levels in accord with current supply practice? (One week's supply in laboratory; advance ordering for two month's supply on warehouse shelves. (AR 40-1705)
4. Is difficulty experienced in obtaining urgently needed non-standard items? (Par. 4, TM 8-227) Note:- Give concrete examples.
5. Are obsolete, damaged or unserviceable supplies salvaged or surveyed promptly? (TM 14-904) Note:- Inspect recent salvage reports.
6. a. Are non-expendable supplies recorded on WD AGO Form 421? Note:- Inspect Forms 421  
b. Is an inventory taken at six-month intervals? (AR 35-6520) Note:- Inspect the last inventory.
7. Is adequate protection afforded against fire, theft, damage and deterioration? (AR 40-590, par. 2 ) Note:- Inspect fire extinguishers.
8. If animals are maintained, is adequate provisions made for housing, feeding and general care? If "Yes", what funds are used? Note:- State the number and kind of laboratory animals at hand during the inspection. Excess animals may be shipped to the First Army Laboratory.
9. Is care employed in the use of electrical heating units to avoid burning out coils and fire hazards? (AR 850-20) Note:- When not in actual use, all electrical connections should be disconnected.
10. Is ethyl alcohol accounted for as in a pharmacy? (Par. 17 b, (2), AR 40-590) Note:- If ethyl alcohol is drawn from the Hospital Pharmacy, true copies of all prescriptions for same should be pasted in a folder in chronological order.
11. a. Are potent poisons, alcohols and narcotics kept under lock and key? (Par. 17 a (2) and (3), AR 40-590)

- b. Are penicillin and streptomycin stocks maintained? If stocked in the laboratory, are they properly refrigerated and controlled as narcotics?
12. Is there any accumulation of supplies or equipment on hand in excess of present requirements? (AR 40-1705)

## II. PERSONNEL:-

13. a. Give the Name, Rank, Branch, ASN, Specialty Qualification (MOS #) and Assignment of each officer in the laboratory.
- b. Are the officer assignments satisfactory? Give the category of each officer and date of authorized separation from the service.
14. a. Give the Name, Grade, ASN, MOS No., Specialty Assignment in the laboratory, the Service Schools attended and additional training accorded each enlisted man. Give dates of authorized separation from the service of each enlisted man. Are the enlisted assignments satisfactory?
- b. Personnel; General Remarks:-
- (1) Leaves and furloughs.
  - (2) A.W.O.L.
  - (3) Courts Martial
  - (4) Venereal disease
  - (5) Certificate of merit awarded?
  - (6) Commendation Ribbons awarded?
15. Are any refresher or training courses particularly desired for officer and/or enlisted personnel?
16. Are army personnel fixed within sections of the laboratory or are they rotated? What general form of training program is used? (Par. 2, AR 40-59A)
17. Is the personnel adequate for rotating emergency coverage (night, holiday, etc?) (Par. 178, TM 8-260)
18. Give the name, grade and specialty assignment of each civilian employee. Are any changes desired in the civilian personnel allotment?

## III. PROFESSIONAL:-

19. Are the types of tests performed in accordance with TB Med-135? What exception, if any, are made?
20. Are recent technical references readily available (text books and journals); are pertinent technical directives from higher echelons brought to the attention of the laboratory personnel and filed for ready reference?



21. To what laboratories are specimens forwarded when higher echelon is required? State any criticisms of the technical cooperation accorded; give concrete examples.
22. Are there any routine laboratory procedures requested and actually performed that are regarded as unnecessary (irrelevant and/or needlessly repetitive)?
23. a. Is difficulty encountered in obtaining blood donors? If so, give reasons.  
b. What precautions are taken to avoid transmitting diseases (Malaria, Syphilis, Infectious Hepatitis)?
24. a. How often are donors examined for syphilis?  
b. Is a card index of voluntary blood donors, by types, kept on file in the laboratory?
25. a. In the event that multiple transfusions of one patient are anticipated, is the Rh factor of the blood determined?  
b. Is the Rh factor determined in obstetrical cases?
26. What laboratory results are routinely checked by a laboratory officer?
27. a. Are facilities available for darkfield examinations? If not available, where are patients with suspected chancres referred?  
b. If the first darkfield is negative, is the examination repeated later?  
c. Have any cases of primary syphilis been masked by the penicillin treatment of gonorrhea?
28. Is spoilage encountered in shipping specimens, especially sera, to higher laboratories? Note:- Check the technique employed in drawing blood and shipping blood and/or blood serum by mail or by courier.
29. State the number and size of electrical refrigerators available; inspect the refrigerators.
30. Are specimens of blood, spinal fluid and/or tissue for virus identification, forwarded to the Virus Laboratory, Army Medical School, Washington 12, D. C. by special delivery air mail? (Sec. VIII, WD Cir. #237, 12 June 1944; also TB Med 212, 16 Jan 1946).
31. How often are the Kahn reactions checked by the First Army Laboratory using the dilution sets supplied for

this purpose? Note:- Review the results indicated in the last check made.

32. Are subcultures of enteric pathogens or other significant micro-organisms submitted to the First Army Laboratory for further study?

33. Check:-

- a. All incubators as to temperature.
- b. Hot air drying ovens; are thermometers in site?
- c. Inspect all culture media prepared.
- d. Inspect the methods employed in washing and drying glassware; chemical glassware, bacteriological glassware, glassware for the Kahn reaction.
- e. Check the refrigeration of all perishable chemical, bacteriological and serological reagents.

34. In the event of death:-

- a. Are autopsies performed by a medical officer?
- b. What is the percentage of autopsies over deaths during the past 12 months?
- c. Are bodies inspected immediately after death (ward officer) and again after having been embalmed, clothed and ready to be placed in the casket? (Par. 8, AR 30-1820 and par. 19, AR 40-590).

35. Are inspections made after the body has been placed in the casket? This inspection to be made by:

- a. A laboratory officer, and
- b. The mortuary officer and/or the quartermaster representative, according to TM 12-240 and TM 12-240A.

36. Are undertakers' receipts obtained for all bodies? (TM 12-240).

37. Does the Chief of the Laboratory Service realize that he is responsible for all bodies from the time they are delivered from the ward, until they are turned over to the mortician?

38. Call the attention of the Chief of the Laboratory Service to TM 12-240, Chapter 4, pages 11, 12, 13, 14 and 15. The above chapter of TM 12-240 outlines:

- a. Administrative Procedure for Decease in U.S. Army Hospitals.
- b. Hospital Report of Death (Copy) WD AGO Form 52-9.
- c. Certificate of Death (Copy).
- d. Autopsy Protocol - complete
- e. Clinical Records - complete



39. The preparation of remains is the final responsibility of the Commanding Officer of the hospital. (Par. 19 c (1) AR 40-590).
40. Do all completed autopsy proctocols include:-
- a. A summary of the gross and micro findings.
  - b. An abstract of the clinical history including pertinent clinico-pathological findings.
  - c. The gross and microscopical autopsy findings.
  - d. The results of postmortem bacteriological and chemico-toxicological examinations.
  - e. The report of investigation where indicated (WD AGO Form 51).
  - f. Significant X-ray films.
41. Is a copy of each autopsy forwarded to the Director of the Army Institute of Pathology, Washington 25, D.C.? (Par. 19 d (2), AR 40-590).
42. If not equipped to perform the necessary chemical, bacteriological, toxicological and microscopical examinations, do you forward to the designated Histopathological Center (The First Army Laboratory) three copies of the clinical abstract and gross findings and representative sections of all organs fixed in 10% formalin solution? (TB Med 19, dated 11 March 1944).
43. Tissue for toxicological examination must be sent in a chemically clean, dry container such as a quart Mason jar, without any fixative and labelled "For Toxicological examination", indicating where possible, the substance suspected: volatile poison, heavy metal, alkaloid. Brain tissue and liver by choice; at least 200 grams each of the organ or organs selected, must be forwarded for toxicological examination.
44. Larger specimens such as whole brain, kidney, heart, etc., should be sent in a tin container with adequate 10% formalin and the container carefully soldered prior to shipment. All specimens must be carefully labelled. (TB Med 19, dated 11 March 1944).
45. For mailing smaller specimens, wide mouthed bottles containing 10% formalin are supplied by the First Army Laboratory. Such specimens should be sent by First Class Mail marked "Specimens for Diagnoses."
46. Are duplicate slides and the paraffin blocks accompanying the clinical records (WD AGO Form 8-82) of patients transferred to another hospital for final treatment? (The above applies more especially to the Histopathological Centers).



47. Is tissue pathology handled in accordance with instructions contained in TB Med 19, 11 March 1944?
48. Does the histopathologist maintain liaison with and submit sections and paraffin blocks to the First Army Laboratory? (This where the sections, blocks and reports are not forwarded directly to the Army Institute of Pathology.)
49. When sections, paraffin blocks, and/or wet biopsy material are sent to the First Army Laboratory, are they accompanied by MD AGO Forms 8-82, fully completed.
50.
  - a. Are requests for all hospital laboratory examinations made in duplicate on the blank forms provided for that purpose? (Par. 179 b, TM 8-260).
  - b. Do the ward officers initiating the requests check and authenticate all requests by initialling? (Par. 179 a, TM 8-260).
  - c. Is a record of all examinations maintained in the hospital laboratory? (Par. 179 a, TM 8-260).
51. Are autopsy procedures performed in compliance with paragraph 7, TM 12-240A, dated May 1945? Note:- The above stresses that autopsies must be completed the day of death if death occurs before 10.00 p.m. (2200 hours).
52. Morgue:-
  - a. Location.
  - b. Floor space.
  - c. Floor: cement; tile; drainage.
  - d. Ventilation.
  - e. Lighting.
  - f. Autopsy table; is it adequate?
  - g. Running water.
  - h. Scale to weigh organs.
  - i. Instruments.
  - j. Ice Box; refrigerating unit; number of compartments.
  - k. Cleanliness of morgue and all equipment.
51. After completing the inspection:- Assemble the commanding officer of the hospital and the chiefs of all sections; indicate any discrepancies noted; ask each of the assembled staff individually to express his impression of the professional value of the laboratory service rendered and ask for suggestions to improve or increase the value of the laboratory service.
54. Upon completion of the inspection report, make any recommendations that are practical and pertinent relative to the laboratory, including its Physical Requirements, Personnel and Professional qualifications.



CHIEF PHARMACY

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

---

(Signature of officer making report)



1. Is the pharmacy generally clean, well-lighted, and does it present a neat appearance?

2. Is a list of prescriptions (stock formulae) for pharmaceutical prescriptions carried in stock available at the pharmacy for the information of medical officers?

3. Is the pharmacy required to keep continually on hand, so far as practicable, a complete supply of all medicines supplied for use of the hospital?

4. Is there any accumulation of supplies or equipment on hand in excess of present requirements? (AR 40-1705)

5. Is there any obsolete, damaged, or unserviceable supplies or equipment on hand? (Par. 17 b, AR 700-10 and Par. 6, AR 40-1705)

6. Does the officer in charge maintain a record of non-expendable supplies on WD AGO Form #446? (Par. 4 b, AR 40-1705) (Par. 53 TM 38-403)

7. Has the medical property in the pharmacy been examined by a commissioned officer of the Medical Department and verified by reference to records within the last six months? (Par. 4 b,c, AR 40-1705 and AR 35-6520)

8. Does the Quartermaster General authorized the free issue of sugar for pharmacies from the hospital mess or any convenient field rations mess at the station? (Par. 2, Medical Supply Memorandum #95, dated 13 March 1944)

9. Are potent poisons, that is, "any substance (drug, chemical, or reagent) which is likely to destroy human life or seriously endanger health when applied externally to the body or when taken internally in a dose of less than one teaspoonful (4 cc., or in the solid state, 4 gm.)", alcohol, alcoholic liquors, and all habit forming drugs kept under lock and key? (Par. 17 a (2) and (3), AR 40-590)

10. Does the officer in charge of the pharmacy assume responsibility for safeguarding the use of the key?

a. Exactly to whom are the keys of the poison cabinet entrusted?

b. Who has the keys when the pharmacist is off duty? (Par. 17 a (2), AR 40-590)

11. Are the following named drugs, etc., kept under lock and key or are any of them exposed on shelves or kept in drawers?

Acid, nitric	Nux vomica
Acid, oxalic	Phenol
Acid, phosphoric	Physostigmine
Acid, sulphuric	Potass, hydroxide
Alcohol, methyl	Procaine
Amyl nitrate	Phenobarbitrac
Ant. & potass. tartrate	Scopolmine
Apomorphine	Silver nitrate
Arsenic	Sod. hydroxide
Atrophine	Strophanthia
Barbital or veronal	Strychinine
Cantharides	Tinct. aconite
Chloral hydrate	Tinct. belladonna
Cresol	Tinct. digitalis
Digitalis	Tinct. nux vomica
Dilaudid	Alcohol, ethyl
Demerol	Cocaine
Fl. ext. belladonna	Codeine
Fl. ext. nux vomica	Morphine
Glyceryl trinitrate	Opium
Hematrophine	Whiskey
Iodine	Other liquors
Mercury	

12. Is there a chart or table kept in a conspicuous place in the pharmacy showing antidotes for such ordinary poisons as follows:

Acids:	Antimony
Carbolic	Arsenic
Hydroxyanic	Corrosive sublimate
Oxalic	Iodine
Aconite	Lead salts
Alcohols	Opium & morphine
Alkalies	Phosphorus
Alkaloids	Snake venoms, etc.
(Handbook for the medical soldier, bu Tuttle, page 346)	

13. Are all medicine containers clearly and properly labled? (Par. 215, TM 8-260)

14. Is there any inflammable material stored in the pharmacy that is not properly protected from the danger of fire? (Par. 17 b, AR 700-10)

15. Is proper precaution taken in regard to smoking while handling inflammable supplies? (Par. 2 g, AR 40-590)

16. Before filing any prescription, does the compounding pharmacist make sure that (Par. 214 b, TM 8-260):

a. The prescription is properly dated; is written



for a definite person, ward, or clinic; bears the patient's name and ward number or name of clinic or designation of ward.

b. It contains directions for use unless it calls for original and unbroken package of a drug, or a drug which constitutes part of the stock in the ward medicine cabinets.

c. The wording of the prescription is clear and unmistakable and the dose of the active drug is not excessive.

d. The prescription is signed by a medical officer or an officer of the Dental or Veterinary Corps for medical supplies needed in their respective services.

17. Is a permanent record kept of the pharmacy receipts and expenditures for each article such as alcohol, alcoholic liquors, and all habit-forming drugs? (Par. 17 b, AR 40-590)

18. Have the records of expenditures of alcoholic liquors and habit-forming drugs been checked once a month by a disinterested Medical Department Officer, balanced and verified, and the facts with the balance he found over his signature? (Par. 17 b, AR 40-590)

19. On each slip mentioned above, is the date of receipt from the storeroom noted in the left hand column, and the amount in the proper metric unit, entered in the debit column; the expenditures noted by the date, prescription number in the left hand column with the amount expended in compounding the prescription in the credit column. (Par. 17 b, (2), AR 40-590)

20. Is a separate slip kept for each form in which the above named drugs are furnished? For instance, morphine is issued in four forms:

12940 Morphine sulfate, 1 oz; USP, powder  
12950 Morphine sulfate, 1/8 gr hypo tablets, 20: USP  
12955 Morphine sulfate, 1/4 gr hypo tablets, 20: USP  
12960 Morphine sulfate, 2 gr hypo tablets, 10: USP  
(Par. 17 b (2), AR 40-590)

21. Are the entries on the Return of Medical Property correct for each of the drugs noted below, since date of the last medical inspection? NOTE: Secure a list of the issues from the storeroom and check expenditures from the prescription files. (Par. 17 b (2), AR 40-590)

10480 Alcohol, ethyl, 1 qt. USP  
10490 Alcohol, ethyl, 5 gal. USP  
10500 Alcohol, dehydrated, 1 pt. USP  
11450 Cocaine, hydrochloride, 1/4 oz. USP  
11480 Codeine, sulfate, 1 oz. USP  
11490 Codeine, sulfate, 1/2 gr. tablet, 500 USP



12940 Morphine, sulfate, 1 oz, USP  
12950 Morphine, sulfate, 1/8 gr. hypo tablets, 20, USP  
12955 Morphine, sulfate, 1/4 gr. hypo tablets, 20, USP  
12960 Morphine, sulfate, 2 gr. hypo tablets, 10, USP  
13220 Opium, 1 oz. powder, USP  
14850 Tincture, opium 1/4 pt. USP  
14860 Tincture, opium, camphorated, 1 pt. USP  
14940 Whiskey, 1 qt. USP

22. Have unduly large amounts of alcoholic liquors been prescribed at one time for any one person?

23. Does the commanding officer of the hospital exercise personal supervision over the pharmacy or has he detailed a subordinate Medical Department officer for this duty? (Par. 17 a (1), AR 40-590)

24. Does the pharmacist on duty appear to be well qualified for his duties? (Par. 2 c, AR 40-590)

25. What members of the detachment are permitted to compound prescriptions and under what circumstances? (Par. 2 c, AR 40-590)

26. Are all prescriptions written in the metric system? (Par. 17 b (1), AR 40-590)

a. Are all prescriptions dated?

27. Do the labels placed on containers for medicines issued from the pharmacy bear complete instructions to the patient and notations to identify the prescriber and prescription? (Par. 215, TM 8-260)

28. Is the poison label placed on every container when the contents thereof may be dangerous to health or human life?

29. In cases other than militarized personnel, is a notation placed on each prescription immediately after the name of the individual so as to enable the pharmacist to determine the status? For example, "John Smith, Civilian employee, QMC", etc.

30. Are all poisons as defined in Par. 17 a (2) and (3), AR 40-590 properly labeled with a poison label? (Par. 215, TM 8-260)

31. Are amounts collected for medicine charges kept on Standard Form #1044 (Schedule of Collections)? (Par. 17 c (3), AR 40-590)

32. Are three separate prescription files maintained as follows: (Par. 17 b, (1) (a) (b) (c), AR 40-590)

a. Prescriptions for alcohol or alcoholic liquors and for medicines containing opium or any of the salts, derivatives,

or preparations of opium and coca leaves.

b. Prescriptions for civilians which do not include articles of the preceding class. (Par. 17 b (1) (a) (b) (c), AR 40-590)

c. All other prescriptions.

33. Are initials of the pharmacist who filled the prescription entered on each prescription? (Par. 215 c; TM 8-260)

34. Is a prescription made out every time that medicine is issued, as is customary in good practice? (Par. 214 b, TM 8-260)

35. Are prescriptions refilled without a written order calling for a refill by number? (Par. 216, TM 8-260)

36. Is a refill date number placed on the old prescriptions? (Par. 216, TM 8-260)

37. When prescribing for civilian employees of the United States and civilians as outpatients (dependents of military personnel excepted) are charges collected as per Par. 17 c (1), AR 40-590)

38. Are medicine charges for patients in hospital who are not entitled to medical relief at the expense of the War Department appropriations, such as certain civilian employees and other civilians, collected promptly at the rate of 50 cents per diem, listed on WD Form #322 a, deposited at the end of each month with nearest disbursing officer and the Surgeon General notified of the fact by letter? (Par. 12 b, and Par. 17 c (3), AR 40-590)

39. Is that station an isolated place within the meaning of Par. 17 c (2), AR 40-590)?

40. If this station is considered an isolated place, is it customary to issue medicines to civilians, make charges and collect the same, notifying the Surgeon General of the circumstances in each case? (Par. 17 c (2), AR 40-590)

41. Are the medicine charts for civilian employees not in hospital collected at the rate of 50 cents per prescription in ordinary cases and in the case of expensive medicines, dressings, appliances, etc., at such increased rate as will reimburse the United States for their cost? (Par. 17 c (1), AR 40-590)

42. When civilian employees are hospitalized because of injury incurred in the performance of duty and their medical care has not been assumed by the Army as a part of their compensation, are bills for medicine charges mailed direct to the United States Employee's Compensation Commission and the receipt of the funds from

the Commission taken up on WD Form #322 a, and deposited?

43. To safeguard against pilferage and black market of Penicillin, is it placed under the same administrative control as narcotics? (Par. 1 c Medical Supply Memorandum #255, Binghamton Medical Dept dated 29 December 1945)





HYGIENE AND SANITATION OF THE POST

NAME

GRADE

DATE

PLACE

Remarks and recommendations:

I certify that the answers  
to the following questions  
are correct.

(Signature of officer making report)

1. What is the composition of the command (component parts) and the number of officers, warrant officers, nurses, and enlisted men in each organization?

2. Is a program for the care and preservation of repairs and utility equipment being carried through in accordance with the policies and procedures of Section 2, WD Circular #132, dated 2 May 1945?

3. Drainage system. (Includes grounds and efficiency of drainage from a sanitary point of view and sewerage)

a. Have there been any material changes in the topographical features which would affect the drainage system? If so, state changes.

b. Have there been any changes in the methods used to dispose of excreta, to include the sewerage system and sewage treatment plant, since date of last December sanitary report? If so, state the change. (3 e (1) AR 40-275, and (Par. 18 AR 40-205, and SGO Circular Letter #76, dated 27 July 1942)

c. Are the methods of sewage treatment satisfactory? If not, state changes to be recommended. (Par. 3 e (1), AR 40-275)

d. Is the system and the sewage treatment plant satisfactory? If not, state changes to be recommended. (Par 3 e (1), AR 40-275)

e. Are there any low spots or depressions under barracks, old foundations or pot holes which may favor mosquito breeding? (Par. 21 b (2), AR 40-205)

4. Public Buildings. (Includes barracks, hospital, quarters, etc., guard house, mess halls and kitchens, bakeries, exchanges, barber shops, commissaries, meat markets, theaters, swimming pools, stables)

a. Barracks, hospital, quarters, etc.

(1) Have there been any changes in the buildings since the last medical inspection? If so, state changes. (Par. 3 e (1), AR 40-275)

(2) Are the barracks, hospital, quarters, and other buildings suitable and maintained in a sanitary condition? (Par. 3 e (1), AR 40-275)

(3) Are barracks buildings suitable for habitation from the standpoint of health and sanitation? If not, state deficiencies and recommendations. (Par. 10 a (3), AR 40-205)

(4) Does each man sleeping in a squad room or



dormitory have at least 40 square feet of floor space or 60 square feet of floor space if at reception or replacement training centers? (Par. 10 a (1), as amended with change #2, dated 26 March 1943, AR 40-205)

(5) Are beds grouped too closely together in order to obtain space for other purposes?

(6) If less than five feet of space exists between side bars of adjacent beds, is head and foot sleeping required? (Par. 10 a (1), as amended by change #2, AR 40-205, dated 26 March 1943)

(7) Are sleeping rooms adequately ventilated both day and night? (Par. 10 a (3), AR 40-205)

(8) Are night inspections made? (Par. 10 a (3) AR 40-205)

(9) Are air filters in the return-air plenum of forced-circulation heaters in mobilization-type 63 man barracks in service and operating properly? If not, has concurrence of the post surgeon for their removal been secured? (Par 5.62 TM 5-600 and par 10 (3) AR 40-205)

(10) Are humidifiers on forced-circulation heaters for mobilization-type 63 man barracks in satisfactory operation? (Par 10 (3) AR 40-205)

(11) If standard pyramidal tents are used, is their occupancy limited to six? (Par. 10 a, change #2, AR 40-205 dated 26 March 1943)

(12) If tents are used are they opened for airing on clear days? (Par. 10 a (3), AR 40-205)

(13) If winterized tents are used is there adequate provision for ventilation at the top? (Par. 10 a (3), AR 40-205)

(14) Do the floors of sleeping rooms show evidence of having been scrubbed with soap and water at frequent intervals? (Par. 10 b, AR 40-205)

(15) Do company commanders require that bedding shall be aired at least once a week? (Par. 7, AR 40-205)

(16) Are the beds in squad room clean? Are mattress covers, two sheets, and pillow-cases furnished each man?

(17) During the summer season are screens used in all occupied buildings to prevent ingress of flies and mosquitoes? (Par. 21 b (1) (d), AR 40-205)

(18) Are toilet bowls in good condition, seat

covers attached, and without accumulations of sediment?

(19) Are urinal troughs properly adjusted as to height and pitch, with flushing facilities present, and kept in a sanitary condition?

(20) Is the toilet flushing apparatus in working order? Are there sufficient working shower heads (4%), toilets (5%), urinals (4%), AR 40-205)

(21) Are duckboards and the floors and walls of shower baths scrubbed clean without any evidence of slime or dirt? (Par. 1 b (2), WD Cir, 146 May 1946 and Par. 1 b, WD Cir. 262 Aug 1945)

(22) Are foot baths used? (Par. 3, Cir. 146 May 1945)

(23) Are wash bowls clean, and with hot and cold water faucets working properly?

b. Guard house, United States Army.

(1) Are the sleeping rooms at the guard house clean and well ventilated?

(2) Is the heating system adequate?

(3) Are suitable facilities present at the guard house for bathing, toilets and laundry? (Par. 10 a (4), AR 40-205)

(4) Are the beds of prisoners in good condition and clean?

(5) Is their bedding clean and sufficient?

(6) Does each prisoner have sheets, pillow slips, towel and toilet articles?

(7) Are there orders in effect at the guard house to insure that bedding is aired at least once a week?

(8) Are the beds used by sentries clean? (Par. 2 b (3) (a), AR 40-205)

(9) If there is not five feet between side bars of cots, is head and foot sleeping required? (Par. 10, change #2, AR 40-205, dated 26 March 1943)

(10) What bedding do they bring with them to guard house when reporting for guard duty?

(11) Is it evident that the walls and the floors in the guard house have been scrubbed recently?



(12) Are beds of prisoners grouped too closely, or are tiers of bunks placed less than 5 feet between side bars? (Par. 10, change #2, AR 40-205, dated 26 March 1943)

(13) Is there a minimum of at least 40 square feet of floor space for each prisoner? (Par. 10, change #2, AR 40-205, dated 26 March 1943)

(14) Is there any evidence of vermin or of insects in the guard house? (Pars. 21, 22, 26 and 27, AR 40-205)

(15) If so, what measures have been taken to exterminate them? (Pars. 21, 22, 26 and 27, AR 40-205)

(16) Are there any recommendations to improve sanitary conditions at the guard house? (AR 40-205)

c. Mess Halls and Kitchens.

(1) What is the general sanitary condition of kitchens, mess halls, refrigerators and store rooms? (Par. 14, AR 40-205)

(2) Are company kitchens and mess rooms kept scrupulously clean at all times? (Par. 14, AR 40-205)

(3) Are mess rooms tightly screened and with screen doors that close automatically? (Par. 14, AR 40-205) Do doors open outward?

(4) Is there any evidence of the presence of flies, roaches, or ants in the mess room? (Par. 14, AR 40-205)

(5) Are containers of poison, such as 10% DDT Dusting powder, kept in mess room? (Par. 216 FM 21-10, WD Circular dated July 1945)

(6) Is all food protected against sun, heat, dust, insects, rodents and other damaging or contaminating agencies and properly refrigerated at all times? (Par. 12, AR 40-205)

(7) Is there a list of permanent food handlers posted in the place of employment? (AR 40-205)

(8) Are stool examinations part of food handler's examinations when indicated? (Par. 13 e (2), AR 40-205)

(9) Do the cooks and mess attendants wear white uniforms, and do they keep their hair cut short, nails short and clean, and their person clean? Do women attendants wear hairnets or head covering? (Par. 7 and 14, AR 40-205)

(10) Are hand brushes, finger nail files, paper towels and soap available in wash room provided the mess personnel? (Par. 67 d, TM 10-205)



(11) Are all food receptacles, dishes, and table articles protected from insects? (Par. 12, AR 40-205)

(12) Are the ice boxes and refrigerators elevated at such height above the floor as will permit cleaning and inspections underneath? (Par. 14, AR 40-205)

(13) Are ice boxes kept scrupulously clean? (Par. 14, AR 40-205)

(14) Are proper storage temperatures maintained in mechanical refrigerators? (Par. 14, AR 40-205)

(15) When fresh meats are received at a mess and sanitary defects are found, is a medical department officer called at once? (Par. 12 b, AR 40-205)

(16) When fresh meat is stored in the refrigerator in the mess, is it stripped, hung from hooks in such a manner that there is sufficient air space between the pieces and between the meat and the wall, ceiling or floor of box? (Par. 12 b (2), AR 40-205)

(17) Are meat and dairy products inspected by a Veterinary Officer at the points of delivery for the purpose of final determination of acceptability? (Par. 7, AR 40-2150)

(18) Is meat block free of cracks and pits which makes proper cleaning difficult?

(19) Are there any recommendations to improve the food supply? (Par. 12 c (1), AR 40-205)

(20) When it is practicable to assemble the mess equipment of a company or detachment or when dishes other than the mess equipment are used, are all such equipment or dishes being thoroughly washed and disinfected immediately after each meal in compliance with Par. 15, AR 40-205, as amended by change #1, dated 2 March 1943?

(21) Are dishes and utensils washed with soap and hot water and rinsed with hot water, or given a chlorine rinse after each meal? (Par. 15, AR 40-205, as amended by change #1, dated 2 March 1943)

(a) Are dish towels used for drying of assembled dishes?

(b) If suitable and adequate amounts of hot water cannot be obtained, are assembled dishes rinsed for not less than 30 seconds in a chlorine solution, containing at least 50 parts per million of free chlorine? (Par. 15 b (2), AR 40-205 as amended by change #1, dated 2 March 1943)

(c) Are dishes in dishwashing machine with the washing period not less than 40 seconds with the temperature held at 140 degrees F and rinsed for 20 seconds with the water at a temperature of not less than 180 degrees F? (Par. 15, AR 40-205)

(22) Are liquid wastes from kitchen and bath houses disposed by closed drainage into the sewerage system? (Par. 17, AR 40-205)

(23) Does the garbage collector transfer garbage from can to can during collections at the kitchen thus creating a polluted condition of the soil? Is DDT used on polluted soil? (Par. 16, AR 40-205)

(24) If the manpower is not sufficient to permit compliance with Par. 16, AR 40-205, is the garbage transferred from the cans to water tight tanks or truck bodies at the mess halls? (WD Circular Letter #146, dated 14 April 1944)

(25) If the above system is used are proper precautions taken to insure that garbage and putrescible liquids are not spilled in the camp area? (Par. 16, AR 40-205 and WD Circular Letter #146, dated 14 April 1944)

(26) Are garbage cans kept tightly covered and are satisfactory garbage stands provided? (Par. 16, AR 40-205)

(27) Are garbage cans thoroughly cleaned before they are returned to the stands? (Par. 16, AR 40-205)

(28) Are inclosed or screened garbage stands in use? (Par. 16, AR 40-205 and FM 21-10, as amended by change #6, dated 15 November 1943)

#### d. Bakeries

(1) Is the bakery kept scrupulously clean at all times? (Par. 14, AR 40-205)

(2) Do men on duty in the bakery bathe frequently, wear clean clothing, and when practicable wear the white uniform? (Par. 14, AR 40-205)

(3) Are these men inspected frequently to see that before going on duty they have clean hands, with nails short, and free from dirt, and that their clothing is clean? (Par. 14, AR 40-205)

(4) Have the personnel on duty in the bakery been examined in the past month by a medical officer, certified as being free from communicable disease, and a list of such persons with the results of the examinations noted posted in the bakery? (Par. 13, AR 40-205)



(5) Is the bakery tightly screened and equipped with doors that close automatically, (Par. 14, AR 40-205) and open outward?

(6) Is there any evidence of the presence of flies, roaches or ants in the bakery? (Par. 14, AR 40-205)

(7) Is flour, sugar, yeast, etc., protected from dust? (Par. 12 a, AR 40-205)

(8) Are mixing boards, machines, and utensils clean and free from dust or dirt? (Par. 15, AR 40-205)

(9) Are towels or other cloths in use? (Par. 15 b, AR 40-205)

(10) Is washroom equipped with hand brush, soap and paper towels available for bakery personnel?

e. Exchanges.

(1) Is the post exchange clean and operated and maintained in a sanitary manner? (Par. 12, AR 40-205)

(2) Have the personnel on duty serving food, such as ice cream, milk, bottled goods and other food stuffs, been examined within the past month and certified by a medical officer as being free from communicable diseases? (Par. 13, AR 40-205)

(3) Is a list of permanent food handlers posted in the exchange? (Par. 13, AR 40-205)

(4) Are the ice cream containers, soda fountains and other food containers clean, free from corrosion or dirt, and kept tightly closed when not in use? (Par. 12, AR 40-205)

(5) Are facilities available for the proper cleansing of glasses, spoons, and other utensils used in dispensing foods and drinks? (Par. 15, AR 40-205)

(6) Are candies, fruits, and other food stuffs protected from dust and insects? (Par. 12, AR 40-205)

(7) Are there any recommendations to improve sanitary conditions at the post exchange? (Par. 2 b, AR 40-205)

f. Barber Shops and Beauty Parlors.

(1) Have all barbers on the post read, and are they complying with, the provisions of Par. 9 a and b, AR 40-205)

(2) Is each barber required to undergo a monthly physical inspection and such other tests as may be necessary to insure his freedom from communicable disease? (Par. 9 a (2), AR 40-205)



(3) Are the barbers required to keep their persons and clothing clean with washable outer-coat or uniform? (Par. 9 a (2), AR 40-205)

(4) Do they wash their hands thoroughly with soap and water before attending each patron? (Par. 9 a (2), AR 40-205)

(5) Are barbers prohibited from selling or giving away, without the written approval of the surgeon, medicinal preparations for the skin or hair, to be used outside the barber shop, or attempting, under any circumstances, to treat pimples, warts, moles or similar lesions of the skin or scalp? (Par. 9 a (2), AR 40-205)

(6) Is the use of styptic pencils or lump or solid styptics prohibited? (Par. 9 a (2), AR 40-205)

(7) Is the interior of the barber shop in a clean and sanitary condition? (Par. 9 b, AR 40-205)

(8) Have provisions been made for an adequate supply of hot water and for the disposal of waste water? (Par. 9 b, AR 40-205)

(9) Are cuspidors used and are they cleaned and disinfected daily? (Par. 9 b, AR 40-205)

(10) Is a freshly laundered towel used for each patron? (Par. 9 b, AR 40-205)

(11) Are all brushes, combs, razors clippers, shears, scissors, tweezers, buffers, massage and scalp appliances, etc., cleaned, then sterilized after each separate use in an antiseptic solution such as 5% formalin for at least three minutes? (Par. 9 b, AR 40-205)

(12) Is the head rest of barber chairs provided with a sheet of paper or clean towel for each patron? (Par. 9 b, AR 40-205)

(13) Is the use of powder puffs, sponges, and neck dusters prohibited? (Par. 9 b, AR 40-205)

(14) Is the use of shaving cups in common prohibited? (Par. 9 b, AR 40-205)

(15) Is a copy of Par. 9, AR 40-205, posted in each barber shop? (Par. 9 c, AR 40-205)

(16) Is it understood that members of the Women's Army Corps, will not be employed as operators of permanent wave machines unless licensed by a State Board of Cosmetologists or state agency having jurisdiction over such matters? (WD Circular Letter #462, dated 1944)

#### g. Commissaries

(1) Is the commissary kept scrupulously clean at all times? (Par. 12, AR 40-205)

(2) Are the men on duty inspected frequently to see that before going on duty they have clean hands, with nails cut short and free from dirt? (Par. 14, AR 40-205)

(3) Are permanent food handlers examined monthly by a medical officer, certified as free from communicable disease, and a list of such persons posted? (Par. 13 a and b, AR 40-205)

(4) Is the room used as a commissary tightly screened with doors that close automatically? (Par. 14, AR 40-205)

(5) Is there any evidence of flies, roaches, or ants in the commissary? (Par. 14, AR 40-205)

(6) Is all food protected from dust? (Par. 12, AR 40-205)

(7) Are the ice boxes and refrigerators elevated to permit cleansing and inspection underneath? (Par. 14, AR 40-205)

(8) Are the ice boxes clean? (Par. 14, AR 40-205)

(9) Are refrigerators and ice boxes equipped with thermometers and are proper storage temperatures maintained? (Par. 14, AR 40-205)

(10) Are counters, blocks, and utensils clean and free from dirt and corrosion? (Par. 11, AR 40-205)

(11) Are there any recommendations to improve the sanitary condition of the commissary? (Par. 2 b, AR 40-205)

(12) Are adequate facilities for personnel employed to wash hands readily available? (Par. 75 c, TM 10-205)

#### h. Meat Markets.

(1) Is the meat market clean and maintained in a sanitary condition? (Par. 12 b, AR 40-205)

(2) Are the attendants in the market clean, properly and cleanly dressed, nails short and clean, and are they well instructed in the requirements of cleanliness and sanitation? (Par. 14, AR 40-205)

(3) Have the personnel on duty in the market been examined monthly by a medical officer, certified as free from a communicable disease, and is a list of such persons posted? (Par. 13 a, AR 40-205)



(4) Is the room used as a market tightly screened and equipped with screen doors that close automatically and open outward? (Par. 14, AR 40-205)

(5) Is there any evidence of the presence of flies, roaches or ants? (Par. 14, AR 40-205)

(6) Is all food protected from dust? (Par. 12 a, AR 40-205)

(7) Are the ice boxes and refrigerators elevated at such height from the floors as will permit cleaning and inspection underneath? (Par. 14, AR 40-205)

(8) Are the ice boxes and refrigerators scrupulously clean? (Par. 14, AR 40-205)

(9) Are the knives clean and free from accumulations of dirt? (Par. 15 a, AR 40-205)

(10) Is the meat block and the counter brushed clean and is salting of surface prohibited? (Par 14, AR 40-205)

(11) Are towels or other cloths in use? (Par. 15 b, AR 40-205)

(12) Are facilities to wash hands readily available to employed personnel? (Par. 75 c, TM 10-205)

#### i. Theaters and Service Clubs

(1) Are the post theater and service club well ventilated? (Par. 2 b, AR 40-210)

(2) Are both buildings kept in a generally sanitary condition? (Par. 2 b, AR 40-205)

(3) Is constant attention paid to the problems of keeping down dust in these buildings? (Par. 10 b, AR 40-205)

(4) Are the toilets and toilet fixtures clean and serviceable?

(5) Is there evidence of a common drinking glass being used in either building?

#### 5. Swimming Pools and Swimming Areas

a. Are the requirements presented in TB Med 163, dated May 1945 considered the minimum necessary to control effectively the spread of disease by water used for swimming?

b. Is it understood that under the general provisions of Par. 2, AR 40-205, the medical department exercises sanitary super-



vision over Army swimming pools and Army Swimming areas? (Par. 2, TB Med 163, dated 1945)

c. Does the snitary supervision of pools and areas include (Par. 3, TB Med 163, dated May 1945)

(1) Inspection and recommendations pertaining to operation which would effect the health and safety of the swimmer.

(2) Laboratory examinations of the water.

(3) Recommendations as to location and construction of pools and areas.

(4) Sanitary surveys

d. Are routine inspections of swimming pools made by the medical inspector or his assistant to insure the swimming pools are operated in a safe and sanitary manner? (Par. 5, TB Med 163, dated May 1945)

e. When making inspections of swimming pools is particular attention given to the following items: (Par. 5, TB Med 163, dated May 1945)

(1) Supervision of bathers

(2) Maintenance of swimming pool rooms, dressing rooms, shower rooms and toilets.

(3) Quality control of swimming pool waters

(4) Operating records

(5) Regulations

f. Is the interpretation of laboratory examination of swimming pool waters in accordance with Par. 6, TB Med 163, dated May 1945?

g. Is it understood that swimming pools should be located at sites where dirt and debris will not be carried or blown into the pool? (Par. 7 b, TB Med 163, dated May 1945)

h. Does the swimming pool follow the design, construction and is it operated in accordance with Par. 8, TB Med 163, dated May 1945?

i. Is the selection of beaches and other natural swimming places made in compliance with Par. 8, TB Med 163, dated 1945?

j. Are there any remarks or recommendations to improve the sanitary conditions or operation of the swimming pool? (Par. 2 b, AR 40-205)

## 6. Stables, picket lines, and corrals

a. Are the stables kept clean and dry at all times to abate fly nuisance? (Par. 17, AR 40-2090, dated 15 September 1942)

b. Is manure, soiled bedding and refuse removed daily and disposed of? (Par. 19 b, AR 40-2090)

c. Are the picket lines and corrals policed and swept clean daily? (Par. 19 b, AR 40-2090)

d. Is attention paid to ground around watering troughs to see that it is kept clean and dry? (Par. 19 b, AR 40-2090)

e. Are proper facilities available for control of fly breeding?

f. What method is used to dispose of manure? (Par. 20, AR 40-2090)

g. Is the stable manure removed daily to the place designated for its final disposal? (Par. 20, AR 40-205)

h. Are there any recommendations to improve the system of disposal of manure from a sanitary standpoint? (Par. 20, AR 40-205 and AR 30-2175)

i. Are there any recommendations to improve sanitary conditions around the stables, picket lines, and corrals? (AR 40-205 and AR 2090)

## 7. Water Supply System

a. Has there been any material change in the source of supply methods of purification, potability, and adequacy of the water supply since date of the last December sanitary report? (Par. 3 e, (1) AR 40-275)

b. What is the date and result of the last bacteriological test of the water supply? (Par. 11, AR 40-205)

c. Are bacteriological tests of water made monthly as required? (Par. 11, AR 40-205)

d. When was the last chemical test of the water made? (Par. 11, AR 40-205)

e. Are the precautions as to collecting, shipping, and labeling of water specimens observed? (Par. 2, AR 40-310)

f. Is water chlorinated to 0.4 ppm as required by WD SGO Circular Letter #82, dated 29 March 1943?



8. Disposal of Garbage, Manure, Dead Animals and Other Refuse.

a. What method is used to dispose of garbage? (Par. 16, AR 40-205 and AR 30-2175)

b. Is the garbage collector permitted to transfer garbage from can to can during collections at kitchens, thus creating a polluted condition of the soil? (Par. 16, AR 40-205)

c. Are the garbage cans thoroughly cleansed before returned to the stand? (Par. 16, AR 40-205 and FM 8-40)

d. Are garbage cans kept tightly covered and placed upon satisfactory stands? (Par. 16, AR 40-205)

e. Is garbage properly segregated? (Par. 16, AR 40-205)

f. Do post orders forbid the whitewashing of garbage cans? (Par. 16, AR 40-205)

g. Are there any recommendations to improve sanitary conditions at the garbage stands, along the route of transportation or at the place of final disposal? (Par. 16, AR 40-205)

h. What method is used to dispose of dead animals?

i. What method is used to dispose of refuse such as sweepings, dirt, ashes, etc.?

9. Food Supplies and Their Preparation

a. Is there proper variety of food supplies available for messes? (Par. 12 c, AR 40-205)

b. Is the quality of the food supplies good? (Par 12, AR 40-205)

c. Are food supplies adequate? (Par. 12, AR 40-275)

d. Are approved methods of dishwashing used? (Par. 15, AR 40-205, amended by change #1, dated 2 March 1943)

e. Is the milk sold on the post of good quality? (Par. 29, AR 40-2035)

f. Is all milk sold on the post pasteurized? (Par. 12 b, AR 40-2150)

g. If so, are all pasteurization plants fully up to standards? (Pars. 10, 11, 12, AR 40-2150)

h. Is any raw milk sold on the post? (Par. 12 b, AR 40-2150)

i. Are all cows tuberculin tested? (Par. 13 a, AR 40-2150)



j. Are all cows given the agglutination test against abortion disease? (Par. 13 a, AR 40-2150)

k. Is milk used on the post from cows giving a positive agglutination test?

l. Is the personal hygiene of permanent food handlers maintained at a high standard? (Par. 13, AR 40-205)

m. Are permanent food handlers examined regularly for evidence of any communicable disease? (Par. 13, AR 40-205)

n. Is the storage of food supplies satisfactory? (Par. 12 a, AR 40-205)

o. Are foods prepared and served in a sanitary manner? (Par. 12 c, (1), AR 40-205)

p. Are all meats, meat foods, and dairy products inspected by a veterinary officer prior to delivery to the consumer? (AR 40-2005)

q. Are food supplies protected against sun, heat, dust, insects, rodents, and other damaging or contaminating agencies? (Par. 14, AR 40-205)

r. Has a medical officer inspected the food and drink establishments adjacent to the post which are frequented by members of the command? (Par. 3 a, AR 40-205)

s. Are ice, bread, and fresh meat issued daily when practicable? (Par. 12, AR 40-205)

t. Are the vehicles for transporting bread, fresh meat, and other exposed supplies kept scrupulously clean? (AR 40-205)

u. Does each organization or mess have clean tarpauline, or cloths or bags which will fully protect such exposed supplies from contamination by handling, exposure, or by contact with the vehicle? (Par. 12, AR 40-205)

v. Is bread in transit carried in covered basket, clean bed sacks, or similar devices, to avoid contamination? (Par. 12 b, AR 40-205)

## 10. Clothing

a. Is the issue of clothing suitable for prevailing climatic conditions? (Par. 2 b (3) (d), AR 40-205)

## 11. Personal Hygiene

a. What has been the general health of the command during the past year? (Par. 3 e (4), AR 40-275)

b. Have there been any outbreaks of gastro-intestinal disturbances? If so, specify.

c. Are outbreaks of gastro-intestinal disturbance investigated in accordance with letter Headquarters, Second Service Command, File SPKBM 710, subject: "Food Poisoning", dated 18 January 1943? (See Appendix E)

d. Has there been any undue incidence of foot troubles or malformations during the past year? (Par 3 e (6), AR 40-275)

e. Do commissioned officers witness the fitting of issue shoes and satisfy themselves that the feet of their men are kept in normal condition for marching? (Par. 8 b, AR 40-205 and Par. 2c, AR 850-125)

f. Has the quartermaster established a suitable place where shoes may be fitted to men and records made and verified, and is a tryon set consisting of a complete series of each size and width furnished for issue? (Par. 2 c, AR 850-125)

g. Does the last dental survey of the command indicate a large proportion of men who require dental attention? (Par. 3, AR 40-510)

h. Does the sanitary order of the post prescribe that men will bathe daily in garrison? (Par. 7, AR 40-205)

## 12. Insect and Rodent Control

a. How many officers and enlisted men (MOS 196) are assigned to insect and rodent control?

b. To what extent has a cooperative organization with Medical Department Post Engineer personnel been developed? (WD Circular 163, dated 1945)

c. Are routine investigations for insect prevalence made and an accurate record of results maintained? (Par. 1 c, WD Circular #163, dated 4 June 1945, AR 40-205, and Section X, WD Circular #100, dated 3 April 1946)

d. What type of insects are considered of military importance at your installation?

e. Are weekly mosquito collections routinely made and identified? (Section IV, Circular #63, Hq, Second Service Command, dated 6 May 1946)

f. Have mess halls and garbage can areas been treated with residual DDT (5%) during the fly season? (Section IV, Circular #63, Hq. Second Service Command, dated 6 May 1946)



g. Are fly counts made and information submitted properly? (Section IV, Circular #63, Hq Second Service Command, dated 6 May 46)

h. Is each mess hall and post exchange furnished with the necessary supplies and equipment for handling local control by the using agency?

i. Have barracks infected with bed bugs been treated with 5% DDT spray? (Chapter 5, TM 5-632, War Department, October, 1945)

j. Are garbage cans washed daily and used cans covered to prevent breeding? (Par. 16, AR 40-205)

k. Has particular attention been paid to the question of preventing water accumulation under buildings?

l. Are all windows and doors on mess halls, barracks, post exchanges, food storehouses, lavatories, and all occupied buildings properly screened? (Par. 21 b (1) (d) and Par. 22 e, AR 40-205)

m. Do all screen doors swing outward? (Par. 14 and 21 b (1) (d) AR 40-205 and Service Command Engineer Bulletin #40, Subject: "Replacement of Screen Doors", dated 28 April 1945)

n. Have mosquito control measures been coordinated with collection results to assure efficient and economic control? (Section IV, Circular #63, Hq Second Service Command, dated 6 May 1946)

o. If cyanide fumigation has been found necessary in some particular case, and cleared by First Army Command Headquarters, are procedures done in accordance with Chapter 15, TM 5-632, WD., dated October 1945?

p. Is 10% DDT Powder and/or insecticide, spray, delousing, used against crab lice? (Par. 7, 8, 13, TB Med 194, dated 17 August 1945)

q. Are traps, fumigant dust, bait boxes, and poison for baits available for rodent control? (TB Med #144, dated April 1945 and TM 5-632, WD., dated October 1945)

r. Since prebaiting of baitboxes is prerequisite in rodent control poisoning work, are careful records kept to assume acceptability of bait? (TB Med #144, dated April 1945 and TM 5-632, WD., dated October 1945)

s. Is effort made to determine type of ectoparasites found on dead rats?

t. Are control measures carried out under supervision of Medical Department Technicians? (Par. 2 b (4) (j), AR 100-80, as amended by change #8, dated 29 March 1944, and TM 5-632, WD dated October 1945)



u. If airplane spraying is contemplated at your installation, are all phases of it investigated and outlined in accordance with Section III, WD Circular #78, dated 20 March 1946?

v. Is the information submitted on WD AGO Form 5-123 prepared by the Post Engineer in coordination with the Post Surgeon? (Section IV, Circular #63, Hq Second Service Command, dated 6 May 1946)

w. Are funds allotted for insect and rodent control adequate?

x. Is the application of residual DDT to screens being accomplished? (Section IV, Circular #63, Hq Second Service Command, dated 6 May 1946)

y. Are all phases of environmental sanitation relative to insect and rodent control carefully investigated and recommendations for corrective action made? (AR 40-205)

SEPARATION CENTERS

NAME

GRADE

DATE

PLACE

- I. Information and Instruction
- II. Classification and Treatment
- III. Medical Examining Boards
- IV. Examinations, Reports, Equipment
- V. Medical History
- VI. Eye and Ear Examination
- VII. Dental Examination
- IX. Tropical Diseases
- X. Venereal Diseases
- XI. Miscellaneous

Remarks and recommendations:

I certify that the answers to the  
following questions are correct.

(Signature of officer making report)

All references are taken from War Department Technical Manual  
(Tentative) TM 8-255, Terminal Physical Examination, July 1945,  
unless otherwise indicated.

## Section I - Information and Instruction

1. Is it understood by all concerned that the objectives of the final examination are: (Par. 3)

a. To accomplish a thorough and complete physical examination prior to each individual's separation from the service.

b. To record all physical defects, giving diagnosis, severity of the condition and extent of incapacitation.

c. To prevent the return of military personnel to civilian life who have infections, organic or functional disease until appropriate treatment or disposition can be provided.

2. Are the facilities for physical examination adequate and do they contain the following: (Par. 5)

a. Ample space.

b. Adequate light.

c. Suitable toilet facilities.

d. Adequate ventilation.

Are there any suggestions for improvement of the above mentioned facilities?

3. Are separate rooms provided for the chief medical examiner, each internist and each neuropsychiatrist? (Par. 5)

4. Are rooms for testing vision at least 24 feet long, and are the rooms for testing hearing 20 feet long and external noises excluded? (Par. 5)

a. Is a suitable dark room provided for special examination of the eyes and nasal accessory sinuses?

b. Are chairs provided for the examiner and the men being held for more detailed examinations?

c. Are facilities for performing laboratory examinations suitable and adequate?

5. Are the provisions for the storage of clothing of men while they are undressed adequate? (Par. 5)

a. Are responsible attendants detailed to relieve, safeguard and return the clothing of examinees?

b. Do the examinees carry their valuables in their hands?



c. Is a notice posted in the dressing and undressing rooms to the effect that no responsibility will be assumed by the examining station for lost valuables?

6. Is it understood by all concerned that line of duty determinations will be made in accordance with existing regulations? (Par. 6)

a. That the individuals discharge will not be delayed pending receipt of information from other sources?

7. When it is found that an officer or enlisted man is presently classified as temporary limited service, and the time period of the limited service classification has not yet elapsed; is the case carefully evaluated by a review board and disposed of as follows: (Par. 7)

a. Separated if results of physical examination indicate that the individual may be placed in Class A.

b. Ordered into the hospital for consideration and proper disposition.

8. Is it understood that a period of three days beyond the usual time allotted for separation is authorized for study, observation, and special examination of those cases whose physical or mental status cannot be otherwise evaluated? (Par. 8)

a. Cases requiring more than three days will be hospitalized.

## Section II - Classification and Treatment

9. For the purpose of separation, are individuals classified and placed in one of those categories as provided by Par. 9?

a. Are the criteria for classification in accordance with the provisions of Par. 10?

10. Is it understood by all concerned that AR 40-100, AR 40-105 and MR 1-9 will serve as a guide only in determining incapacitation for military service? (Par. 10 a (3) (a))

a. That medical judgement will be followed in determining the likelihood of the defect interfering with satisfactory performance of work in civilian life? (Par. 10 a (3) (b))

11. Is particular attention given to individuals who possess undesirable habits or traits of character? (Par. 10 d)

a. In case of officers, are they recommended for appearance before a reclassification board under provisions of AR 605-230?

b. In the case of enlisted personnel are they separated from the service under the provisions of AR 615-368?

12. When in the case of enlisted men who are inapt, lack the required adaptability for the military service, or suffer from enuresis are they discharged under the provisions of AR 615-369?

13. Is a review board of medical officers appointed to act when individuals claim disability from defects not considered of incapacitating character by the medical officer responsible for classification, or when there is disagreement among the medical officers concerned? (Par. 10 e)

a. If the individual claims disability and none can be found, is the individual separated without reference to a retiring board or C.D.D. board as indicated?

b. If a reasonable doubt exists, is the individual sent to a retiring board for officers and enlisted personnel to a C.D.D. Board as the case may be?

14. Are individuals with acute or infectious diseases or conditions which are apt to endanger life not separated from the service until such treatment has been given as to render the individual's separation safe for himself and others? (Par. 11 a)

15. If an officer is found to have a defect requiring treatment or appearance before a disposition board, is he to be transferred to the local army hospital for proper disposition? (Par. 11 e)

### Section III - Medical Examining Boards

16. Is the personnel of the examining boards adequate and well qualified? (Par. 12)

17. Personnel (Par. 12)

Chief Medical Examiner	.. . . .	Allotted	.. . . .	Required	.. . . .
Roentgenologists	.. . . .	"	.. . . .	"	.. . . .
Laboratory Officer	.. . . .	"	.. . . .	"	.. . . .
Dentists	.. . . .	"	.. . . .	"	.. . . .
Eye, ear, nose & throat	.. . . .	"	.. . . .	"	.. . . .
Specialists	.. . . .	"	.. . . .	"	.. . . .
Orthopedists	.. . . .	"	.. . . .	"	.. . . .
Surgeons	.. . . .	"	.. . . .	"	.. . . .
Internists	.. . . .	"	.. . . .	"	.. . . .
Gynecologist	.. . . .	"	.. . . .	"	.. . . .
Psychiatrists	.. . . .	"	.. . . .	"	.. . . .
Medical Officer Asst.	.. . . .	"	.. . . .	"	.. . . .
MAO Officer Adm. Asst.	.. . . .	"	.. . . .	"	.. . . .
Psychologists	.. . . .	"	.. . . .	"	.. . . .
Army Nurse Corps	.. . . .	"	.. . . .	"	.. . . .
Enlisted Women	.. . . .	"	.. . . .	"	.. . . .
Total	.. . . .				

18. What has been the average daily load of separatees for the 10 days?



Officers, Male. . . . .  
" Female. . . . .  
Enlisted, Male. . . . .  
" , Female. . . . .

19. Is a review board consisting of not less than three medical officers appointed by the commanding officer of the Separation Center? (Par. 13)

20. Are C.D. Boards appointed and do they function as required by AR 615-361? (Par. 13)

21. Are all officers or enlisted men with more than 20 years service, whose cases require action by a disposition board or retiring board transferred to a general hospital and separated in the manner prescribed by current regulations? (Par. 15)

#### Section IV - Examinations, Reports, Equipment

22. Is the examining schedule so arranged that officers and enlisted men are examined separately? (Par. 17)

23. Are women components examined by boards as established in Par. 12 b (1) with the addition of a gynecologist as a member of the examining team? (Par. 18)

a. Is a nurse or woman assistant in attendance during the examination?

b. Are suitable gowns and drapery supplied with due regard for the modesty of the individual?

c. Are the medical histories taken by medical officer or trained women personnel?

d. Are officer and enlisted personnel examined separately?

24. Is the report of physical examination for officers recorded on WD AGO Form #63, single copy only, and forwarded to the Adjutant General with other separation records? (Par. 19 A)

a. Is the nature of the examination described as "terminal"?

b. Are items referring to immunizations, color perception and prescription for glasses omitted?

c. Is the report of the physical examination signed by at least two medical officers?

25. Is the report of the physical examination for enlisted men recorded on WD AGO Form #38, single copy only, and forwarded to the Adjutant General with other separation records? (Par. 19 b)



26. When the examinee states that he intends to file a claim for disability allowance with the Veterans Administration, is an unnumbered copy W.D. AGO Form #38 completed and appended to the Veterans Administration Form No. 526 (Par. 19b)

27. Is a duplicate copy of the report of the physical examination of Army Air Forces personnel who hold a currently effective aeronautical rating made and is it forwarded to the Commanding General, Army Air Force, Washington, 25, D.C.?

28. In the case of personnel discharged for disability, or inaptness, undesirable habits, or traits of character (when the underlying basis for these characteristics are constitutional psychopathic state, mental deficiency or primary behavior disorders, such as chronic alcoholism, drug addiction or enuresis) is a W.D. AGO Form 8-24 (Formerly WD MD Form 52) prepared in accordance with the provisions of par. 16, AR 40-1025)

29. Is it understood by all concerned that it is the responsibility of the Administrative Section of the Medical Processing Branch to complete Veterans Administration Form No. 526? (Par. 19 e)

30. Is the WD AGO Form No. 8-122 prepared and forwarded to the Office of the Surgeon General as required by AR 40-1080? (Par. 19 f)

31. Is a monthly statistical report rendered by the tenth of each month covering data required by WD AGO Form #196, Control Approval Symbol, MCS-110, Processing of Military Personnel in Demobilization at Separation Centers?

#### Section V - Medical History

32. If medical officers are available in sufficient numbers, do they take the medical history? (Par. 22)

a. When medical officers are not available, are trained enlisted men used in the case of male personnel and trained females in the case of women?

33. Is it understood that an exact and essential medical history will be obtained and recorded in the appropriate item entries? (Par. 23)

a. Does the history include any and all contributory illnesses, injuries and operations?

b. Is each examiner specifically asked whether he has had malaria or syphilis during his active tour of service?

#### Section VI - Eye and Ear Examination

34. (a) Are the eyes examined for the presence of disease, especially trachoma?

b. Is it understood that color perception will not be tested or recorded routinely nor will it be necessary to record the prescription required to correct a refractive error? (Par. 24 b (2))

35. If spectacles are required, is a copy of the prescription given the individual & the spectacles forwarded to his home? (Par. 24 c)

a. Is the procurement of spectacles governed by the instructions outlined in pars. 18-19, War Department Pamphlet No. 8-5, 20 June 1944 as amended?

36. Is ocular muscle balance determined as prescribed in AR 40-110 on all Army Air Forces Personnel? (Par. 24 a) (Sec IV, AR 40-110)

37. When examining the external auditory canal and membrane tympani is the cerumen removed if necessary? (Par. 25 a)

38. Is the acuity of hearing determined by the whispered voice? (Par. 25 b)

#### Section VII - Dental Examination

39. Is a thorough detailed examination made with a mouth mirror and explorer? (Par. 26.)

40. Is appropriate treatment provided individuals with Class I dental defects which are incapacitating or likely to interfere with performance of duty in military or civilian life? (Par. 27)

#### Section VIII - Chest Examination

41. Are chest X-ray examinations made insofar as possible by photoroentgen units using 4 x 10 inch stereoscopic films? (Par. 28)

42. When a lesion is suspected and the photoroentgen film is not fully diagnostic, are standard size (14 x 17) X-ray films made? (Par. 28)

43. Are electrocardiograms made on individuals who have passed their fiftieth birthday? (Par. 28)

a. Are X-ray films disposed of as follows: (Par. 30 Sect VIII)

(1) Officers - War Dept. Records Branch, The Adjutant General's Office, Washington 25, D. C.

(2) Enlisted men - Veterans Administration, Kansas Avenue and Upshur St. N.W., Washington 25, D.C., for file?

#### Section IX - Tropical Diseases

44. Is a special effort made to search out, study and, when indicated, treat every individual who, after discharge, might suffer from a recrudescence of infection, especially malaria, or who unknowingly might spread disease in his home community? (Par. 33)



45. When taking the past medical history, is the extent of exposure and history of any diseases while in the service, particularly the following carefully taken: (Par. 34)

Malaria  
Filariasis  
Schistosomiasis  
Amebic Dysentery  
Bacillary Dysentery  
Leishmaniasis  
Trypanosomiasis (Kalazar)  
Leprosy  
Trachoma  
Hookworm

46. When the presence of one of the diseases listed above is suspected from the available history or is manifested in the general physical examination, are the procedures recommended in Par. 35 closely adhered to?

#### Section X - Venereal Diseases

47. Are all military personnel examined for venereal disease during the terminal physical examination? (Sect XI, Par. 37)

a. Are patients with primary, secondary or complicated syphilis treated in accordance with TB Med. 198, dated 20 August 1945?

b. At the conclusion of treatment is the syphilis register transmitted directly to the designated regional office of the U.S. Public Health Service if there is no representative of the U.S.P.H.S. at the separation point? (TM 8-255, par. 37 (f) and 38)

c. Are individuals with gonorrhea, chancroid and other venereal diseases treated until cured or until they have received the maximum benefit of hospitalization?

d. Does a Medical Officer re-examine all cases with positive serology to check that no syphilis is discharged in a communicable state?

48. Do all individuals in military service have a blood specimen for serologic test for syphilis during the terminal physical examination?  
Sect XI, Par. 37b

a. Is the blood specimen sent to the Army laboratory designated to perform blood tests for the separation center?

b. Is the result of the blood test noted by the laboratory on the serology report form which is returned to the separation center?

49. Is it understood that separatees will not be retained pending completion of the serologic test for syphilis or the arrival of his syphilis register, nor will the separatee with a history of syphilis be admitted to the hospital or facility for diagnostic evaluation or treatment unless primary or secondary or complicated syphilis is discovered? (Sect XI, Par. 37 e)



## Section XI - Miscellaneous

50. Is a statement of examination of the liver and spleen contained in WD AGO Form 38 in all cases with a history of malaria? (Sect X, Par. 35 a (2))

51. Are stool examinations required when the presence of amebic dysentery is suspected? (Par. 35 b Sect X)

53. Are blood smears required on all cases with a history of malaria who have discontinued suppressive treatment within the previous 30 days? (Sect X, Par. 35 a (3))

54. Are all significant physical findings circled in red pencil on worksheet?

55. Are steps taken to insure follow up on cases that have received penicillin treatment for gonorrhea while at the separation center? (Par. 24 e, AR 40-210).

56. When individuals are found to be infested with scabies, are they treated in an outpatient status in compliance with current directives?

57. Is it understood by all concerned that the following military personnel will not be sent to Separation Centers: (Sect III, WD Circular #188, dated 23 June 1945)

a. Military personnel who are to be separated from active service because of physical disability.

b. Military personnel who are to be dismissed or dishonorably discharged from the service.

c. Military personnel of the Army who are to be discharged for pregnancy.

d. Military personnel being separated to accept other military status in any of the armed forces.

e. Individuals who entered military service at points outside continental limits of United States and who upon separation from service are to be returned to points of entry into service or to another point outside continental limits of United States.

f. Military personnel who are to be separated from the service under provisions of Par. 26 (1) AR 615-368 and WD Circular 3, 1944.

g. Personnel received at reception centers from induction stations on whom final determination has been made that discharge or release from active duty will be effected.

h. Enlisted reservists, including members of Women Army Corps not on active duty.

i. Military personnel who are being retired.

j. Military personnel who are to be separated from the service by reason of conviction of civil court.

k. Military personnel who would require attendant to accompany them to separation center.

l. Officers to be separated as result of their own misconduct.

58. Is the separation of all persons from the services concluded with a ceremony appropriate to the occasion to make known the deep appreciation of the Army for the arduous service rendered? (Sect IV, par. 1, ASF Cir. #240, dated 26 June 1945)

a. Are the closing remarks and presentation of discharge certificates and decorations confined to 5 minutes?

APPENDIX A.  
SANITARY SURVEY GUIDE



OUTLINE FORM FOR CONDUCTING SANITARY SURVEY BY SANITARY ENGINEERS

## Sanitary Inspection:

Station:

Date:

## 1. Water Supply: -Describe sufficiently to give adequate picture.

Population served:

Average daily flow - design capacity:

Maximum daily or hourly flow:

Source: Surface Supply

## WELLS

Impounded:

Draindown	Size
C.F.S.	Depth
Flow	Yield

Ground storage reservoirs.

Capacity:

Elevated storage tanks.

Capacity:

Pneumatic storage tanks.

Capacity:

Filtration - design capacity:

Chemicals: - used in purification: P.P.M. or G. per G.

Chlorine: - points of application, method used, residual chlorine at minor points in distribution system:

Does the orthotoluidine - Arsenite test for Residual Chlorine indicate interfering substances?

Results of bacteriological and chemical analysis: - raw and treated water.

Local laboratory facilities: List types of examinations made:

Operating personnel: - Number and qualifications.

Sketch showing flow diagram:

Remarks not covered above:

## 2. Sewage Disposal and Sewerage System:

Design population:

M.G.D.

Flow, present:

M.G.D.

Maximum:

M.G.D.

Description of plant:

Sketch showing flow diagram:

Does sewage treatment comply with state regulations?

Local Laboratory facilities: - List types of examinations made:

Operating data:

Information as to flow C.F.S. of receiving stream, and B.O.D. above and below the outfall line:

Is grease a problem?

What steps are taken to control Psychoda flies?

Operating personnel: - Number and qualification:

Remarks not covered above:

### 3. Housing:

Housing facilities - capacity by barracks (permanent, mobilization, T of O, hutments), tents: (AR 40-205)

Number of persons actually present in each of above:

Single or double deck beds?

Space occupied per bed excluding hallways, etc.:

Latrine and lavatory facilities: Par. 10 (4), AR 40-205:

No. of wash basins:

No. of water closets:                      If flushometer type, are they equipped with back syphon device:

No. Urinals:

No. Shower heads?

No. bath tubs:

Toilet paper and holder available:

Ventilation of latrine:

Cleanliness:

Adequacy of heating, ventilation and lighting:

Window and door screens:

Floors and windows clean:

Are the water closets and urinals cleaned daily with issue compound?

4. Messes:

a. Adequacy of hot water supply:

(1) State cause of deficiency:

- (a) Undersize hot water generator:
- (b) Insufficient hot water storage capacity:
- (c) Storage boiler insulated:
- (d) Improper firing:
- (e) Walls and floors:
- (f) Water pitchers, free from grease and interior stains:
- (g) Silverware free from grease:
- (h) Cups clean and free from cracks and stains:
- (i) Sugar bowls, condiment containers cleaned:
- (j) Kitchen utensils:
- (k) Butchers knives, racked and clean:
- (l) Stock pots, soot stained:
- (m) Covers, grease clean:
- (n) Bake pans, grease carbon.
- (o) Ladles, whippers, etc.
- (p) Method of storing dishes or trays:
- (q) Food handlers inspection cards:
- (r) Training and supervision of food handlers:
- (s) Personal cleanliness of food handlers:
- (t) Is compound sweeping used on non-waxed floors in hospital buildings, including patients messes, recreational rooms, central telephone exchanges:
- (u) Is polish stove (non-combustible) being used:



5. Refrigeration:

- a. Walk-in or other:
- b. Adequacy of space:
- c. Temperature:
- d. Hooks, meat free from grease:
- e. Floors, walks, and shelves, top clean:
- f. Reach in type elevated above floor for cleaning:
- g. Condition of food stored:

6. Garbage Disposal:

Method of collection:

Central transfer station:

Collected at mess hall by contractor:

Transportation of garbage: Is truck body leak proof:

Is appropriate cover being used for truck body?

Cleanliness of garbage cans and platforms:

- a. Can cleaning equipment:
- b. Cleanliness and treatment of platform and grounds:

Disposal of garbage:

- a. Methods of segregation:
- b. Sale to contractors: If fed to hogs is garbage cooked?
- c. Incinerator:
- d. Sanitary Fill:
- e. Operation of post dump:

7. Commissary: Food warehouses: - cleanliness, space, adequacy of fly, roach and rodent control.

8. Bakery: Food warehouses, cleanliness, space, adequacy of fly, roach and rodent control.

9. Insect, Rodent and Vermin Control:

a. List types of insect infestations and indicate adequacy of control.

b. Mosquito Control:

- (1) Types of mosquitoes identified:
- (2) Methods of collecting:
- (3) Crew:
  - (a) No. of civilians: No. of soldiers:
  - (b) How many months of year does crew work:
  - (c) What does crew do when not on mosquito work:
  - (d) List types of equipment available:
- (4) Scope of work undertaken:
  - (a) Percent of time in drainage work:
  - (b) Percent of time in filling and cleaning:
  - (c) Percent of time in oiling and spraying:
  - (d) Percent of time on adult DDT program:
- (5) Extra cantonment work:
  - (a) List agencies involved:
  - (b) Describe briefly work being done:

c. Rodent infestations:

- (1) Extent and harborages:
- (2) Type of control:
  - (a) No. of bait boxes and type of poison used:
  - (b) Traps, spring used:
  - (c) Other methods:

d. Supplies and equipment:

- (1) Quartermaster issue (quantity on hand)  
(Reference, WD Circular #163, dated 4 June 1945)

(2) Engineer issue (quantity on hand)

(3) Other supplies and equipment.

e. DDT Program:

(1) Type of work done as local control:

(2) Type of control done by engineer crew:

(a) No. of men in crew:

(3) Number of screens treated:

(4) Number of buildings treated for each type of insect:

(5) Frequency of application:

(6) Quantity and type of DDT used:

f. Are fly traps in use?

g. Fumigation: (HCN)

(1) Specific need for this hazardous method:

(2) Details of responsibility, authorization, and final clearance:

(3) Report of work done:

10. Swimming Pools and swimming areas:

a. Water Source: Depth Deep End Depth Shallow End

b. Size of Pool:

c. Type of Pool:

(1) Fill and draw:

(2) Recirculation:

(3) Method of treatment:

(a) Filtration:

(b) Chlorination:

Number of latrine facilities available for each sex.



11. Places of Public Assembly:

a. Adequacy of ventilation:

b. Type of ventilation:

(1) Natural:

(2) Mechanical:

(3) Describe briefly:

12. Barber Shop:

a. Location:

b. Hot and cold water provided:

c. Methods of sterilization and instruments:

d. General cleanliness:

e. Army regulations and physical examination card posted:

13. Post Exchange and Service Clubs:

a. General sanitary condition of kitchens and mess halls:

b. Adequacy of hot water supply:

c. Method of dishwashing:

(1) Mechanical: Is washer equipped with thermometer  
temperature of wash and final rinse;  
time used to wash dishes:

(2) Hand: Are dishes given final rinse in boiling water  
or chlorine solution:

(3) Drying: Air dried or towel dried:

(4) Food handlers' cards available:

(5) Prevalence of insects and rodents:

APPENDIX B.

MESS INSPECTION GUIDE.

## APPENDIX B

### MESS INSPECTION GUIDE

1. Disposal of Waste and Refuse Segregation.	<u>YES</u>	<u>NO</u>
a. Is garbage separated into edible, non-edible, and salvageable material?	_____	_____
b. Is the garbage rack neatly labeled to facilitate segregation?	_____	_____
c. Are garbage cans elevated, not screened, and are they washed daily?	_____	_____
d. Is white-washing permitted?	_____	_____
e. Is DDT used on the rack and cans at least once a week?	_____	_____
f. Are the lids of garbage cans tight and undented?	_____	_____
g. Are the cans filled to more than four inches below the top?	_____	_____
h. Are milk bottles rinsed before being placed outdoors?	_____	_____
i. Is transferral of garbage from can to can avoided and spilling prevented?	_____	_____
j. Are grease traps cleaned at least once weekly and more frequently if necessary?	_____	_____
k. Is a record maintained and posted in the mess hall of the quantity removed and signed by the mess sergeant?	_____	_____
l. Is disposal of waste materials made daily?	_____	_____
m. Is there evidence of the presence of rats or other rodents at the garbage rack or anywhere in the mess hall area?	_____	_____
2. General Appearance of Interior of Mess Hall;	_____	_____
a. Screens;		
(1) Do screen doors open outward?	_____	_____
(2) Are all screens clean and in proper repair?	_____	_____



	<u>YES</u>	<u>NO</u>
(3) Do the door screens have strong closing springs?	_____	_____
(4) Are all screens kept closed?	_____	_____
b. Windows and ventilation.		
(1) Are all windows clean and kept in such repair that adequate ventilation and airing of the mess hall can be effected?	_____	_____
(2) Are humidifiers made of #10 cans used as needed?	_____	_____
c. Walls:		
(1) Are the walls in a good state of repair?	_____	_____
(2) Is there an accumulation of food or dirt on the walls or on the studs and braces?	_____	_____
d. Floors:		
(1) Is the floor in proper repair?	_____	_____
(2) Is there evidence that the floor is frequently, regularly, and adequately cleaned?	_____	_____
(3) Is there any dry sweeping of floors?	_____	_____
(4) Are damp coffee grounds, wet sawdust, and dampened newspapers used?	_____	_____
(5) Is there an accumulation of food or dirt in corners, at base of wall, around table legs, or behind or under any tables, storage bins, ice chests, etc.?	_____	_____
e. Tables:		
(1) Is there evidence that all tables are frequently, regularly, and adequately cleaned?	_____	_____
(2) Is the center board removable for cleaning?	_____	_____
(3) Are undersides of tables treated with DDT?	_____	_____

YES

NO

## f. Condiments/

(1) Are the condiments changed regularly and frequently and maintained clean & fresh?

(2) Are the condiment containers properly & adequately cleaned?

## g. China and Silverware:

(1) Are china and silverware free of grease & food particles?

(2) Has disinfection been effected by means of heat or chlorine?

(3) Have the china and silverware been excessively or improperly handled after disinfection?

(4) Is cracked china eliminated promptly from use?

(5) Is storage space provided and utilized to afford maximum practicable protection of china & silverware from dust, roaches, ants and flies?

(6) Are the storage shelves and compartments kept scrupulously clean?

## 3. General Appearance of Exterior of Mess Hall:

a. Is the mess hall area regularly and adequately policed to prevent the accumulation of orange peels, cigarette butts, scraps of paper and other trash?

b. Does the back entrance present a clean orderly appearance?

(1) Is the mop and broom rack of adequate size?

(2) Are mops properly cleaned before being returned to the rack?

(3) Does the mop head hang downward to promote drying?

c. Does wash water stagnate around mess?

YESNO

d. Are proper fly control measures practiced? \_\_\_\_\_

4. Kitchen:

a. Are floors, walls, ceilings, tables, meat blocks, and windows given the same consideration as outlined the inspection of the mess hall? \_\_\_\_\_

b. Range:

(1) Is there evidence that the ranges are regularly, frequently, and adequately cleaned? \_\_\_\_\_

(2) Is there an accumulation of grease, food, dust or filth of any kind around the base of the range, under or behind the range, or on the canopy above the range? \_\_\_\_\_

(3) Are ranges in good state of repair? \_\_\_\_\_

(4) Are ranges properly fired and do they maintain adequate heat? \_\_\_\_\_

c. Utensils:

(1) Are cooking utensils and other kitchen ware regularly and adequately cleaned, disinfected by heat and air dried? \_\_\_\_\_

(2) Are storage shelves, compartments, and racks used for utensils, kept free of food particles, grease, dirt and unnecessary equipment? \_\_\_\_\_

(3) Are chipped enamelware utensils used? \_\_\_\_\_

d. Sinks:

(1) Are sinks kept scrupulously clean between dishwashing periods? \_\_\_\_\_

(2) Is grease removed during dishwashing and dish rinsing processes? \_\_\_\_\_

e. Dish Washing:

(1) Are excess food and grease removed from the dishes by pre-washing before treatment in the dishwashing machine? \_\_\_\_\_



- (2) Is adequate soap maintained in the wash water? \_\_\_\_\_
- (3) Are dishes thoroughly washed in a hot soapy water followed by rinsing at 180 degrees F for 30 seconds as a minimum for hand operation? \_\_\_\_\_
- (4) If dishwashing machine is used, is each dish rinsed for a minimum of 20 seconds at 180 degrees F? \_\_\_\_\_
- (5) If the temperature of the water falls below 180 degrees F, is washing suspended until the water recovers its temperature? \_\_\_\_\_
- (6) Are dishes air dried immediately after the disinfecting process? \_\_\_\_\_
- (7) Is the handling of dishes after disinfection kept to the lowest possible minimum? \_\_\_\_\_
- (8) Where the three-can method is used to wash mess kits, are frequent inspections made by each mess sergeant to insure the second and third cans are boiling and the mess gear is immersed for a minimum of one minute? \_\_\_\_\_
- (9) Are pots and pans thoroughly cleaned and sterilized? \_\_\_\_\_

f. Waste Disposal in Kitchen:

- (1) Are garbage and other wastes in the kitchen properly sorted and immediately removed to garbage cans? \_\_\_\_\_
- (2) Are cans and lids thoroughly cleaned after each use? \_\_\_\_\_

g. Rags:

- (1) Are all rags regularly and frequently washed in hot, soapy water, thoroughly rinsed and dried preferably by hanging in the sun? \_\_\_\_\_
- (2) Are the rags being used for cleansing purposes kept cleaner than the objects being cleaned? \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
(3) Is the number of rags kept to a practicable minimum?	_____	_____
<b>h. Personal Belongings:</b>		
(1) Are uniforms on hangers, shoes neatly arranged on shelves, and dirty whites properly stored and renewed daily?	_____	_____
(2) Is the number of personal belongings kept to a practical minimum?	_____	_____
(3) Is there a special and satisfactory space maintained for placing of essential personal belongings?	_____	_____
<b>i. Toilet Facilities:</b>		
(1) Are soap and paper towels kept on hand?	_____	_____
(2) Nail brush and file?	_____	_____
(3) Are the doors on the latrine self-closing?	_____	_____
(4) Are toilet facilities kept in proper condition?	_____	_____
(5) Do the latrines carry a poster instructing mess personnel that they must wash their hands thoroughly before returning to the mess hall or kitchen?	_____	_____
<b>5. Refrigerators:</b>		
a. Are there any odors on opening that indicate the presence of rancid or spoiled foods?	_____	_____
b. Is the space of the refrigerator utilized exclusively for authorized articles of food pertaining to the mess only?	_____	_____
c. Is the proper temperature maintained in each refrigerator?	_____	_____
<b>d. Cleanliness:</b>		
(1) Are the refrigerators regularly and adequately cleaned?	_____	_____

(2) Are the refrigerators away from the wall and elevated from the floor sufficiently to facilitate proper cleaning from behind and underneath? \_\_\_\_\_

(3) Does the arrangement of food effect maximum utilization of space and refrigeration capacity and facilitate the maintenance of cleanliness? \_\_\_\_\_

(4) Does the arrangement reduce to a minimum the possibility of contamination of food? \_\_\_\_\_

#### 6. Pantries and Storerooms:

##### a. Cleanliness:

(1) Are they regularly, frequently, and adequately cleaned? \_\_\_\_\_

(2) Are they well ventilated and lighted? \_\_\_\_\_

b. Are rodents adequately controlled or eliminated? \_\_\_\_\_

##### c. Arrangement:

(1) Are they large enough so that it is not necessary to place food on the floor? \_\_\_\_\_

(2) Does the arrangement of materials present a neat & orderly appearance? \_\_\_\_\_

(3) Does the arrangement facilitate a proper rotation and checking of stocks, & cleaning of shelves and storage compartment? \_\_\_\_\_

(4) Are all foods elevated from the floor to facilitate cleaning underneath and to prevent vermin & insect problems? \_\_\_\_\_

#### 7. Food Supplies:

##### a. Quality and spoilage:



	<u>YES</u>	<u>NO</u>
(1) Does the food reach the mess in good condition?	_____	_____
(2) Is the period between issue & receipt of perishable foods so long that there is danger of spoilage?	_____	_____
(3) Do perishable foods stand in the kitchen for an appreciable length of time before refrigeration?	_____	_____
 b. Meats:		
(1) Are all equipment, blocks, tools and personnel scrupulously clean?	_____	_____
(2) Is meat clean and free from filth, insects, and foreign matter?	_____	_____
(3) Are other foods piled on top of meat or so placed as to hinder circulation or cause contamination?	_____	_____
(4) Is there sufficient air circulation and relative humidity to keep temperature down and the meat from drying out?	_____	_____
(5) Is meat unwrapped and stored promptly after delivery in the proper manner as outlined above?	_____	_____
(6) Was the meat well chilled before delivery?	_____	_____
(7) Does meat issue cover the amount called for by the menu?	_____	_____
(8) Is it the correct type called for by the menu?	_____	_____
 c. Fruits and Fresh Vegetables:		
(1) Are fruits and vegetables so stacked as to contaminate one another?	_____	_____
(2) Are vegetables or fruits readily accessible in the order of their age?	_____	_____
(3) Do vegetable racks or bins permit free circulation of air?	_____	_____

- (4) Are the fruits and vegetables bruised, or do they have decayed spots?

- (5) Is dunnage provided for racked vegetables?

d. Bakery and Bakery Products:

- (1) Is bread kept in insect-proof storage bins?

- (2) Are loaves uniform in color, texture and size?

- (3) Is the bread mashed or otherwise unfit for use through improper handling?

- (4) Is bread issue sufficient to cover menu demands?

e. Milk, Butter, and Eggs:

- (1) Are the quantities on hand sufficient for menu needs?

- (2) Are they kept in the refrigerator?

- (3) Are proper storage, packing and breakage precautions observed?

f. Canned Foods:

- (1) Is canned food properly displayed?

- (2) Is frequent inspection given canned food for "leakers" or bulgers?

8. Nutrition and Food Preparation:

a. Adequacy of diet:

- (1) Do the menus provide a proper balance of protein, fat, carbohydrate, minerals & vitamins?

- (2) Are the substitutes for the regular issue adequate or in balance with the rest of the menu?

- (3) Are satisfactory quantities of food issued?

	<u>YES</u>	<u>NO</u>
b. Menus:		
(1) Are menus adhered to?	_____	_____
(2) Are menus posted & signed by mess officer?	_____	_____
(3) Are menus acceptable?	_____	_____
c. Preparation & Timing:		
(1) Are mixtures of food such as hash, meat loaf, or potato salad combined only 4 hours or less before they are eaten & kept properly refrigerated in small vessels?	_____	_____
(2) Are other dishes, (salads, etc) prepared too far ahead of actual serving?	_____	_____
(3) Is the food preparation planned so that cooked foods are just ready at meal times?	_____	_____
(4) Is the food prepared in the most appetizing way?	_____	_____
(5) Are foods removed from refrigerators and allowed to stand too long before actual use?	_____	_____
d. Serving of Foods:		
(1) Is the food served in an appetizing manner?	_____	_____
(2) Is food served in such a manner as to keep exposure to a minimum?	_____	_____
(3) Is food served immediately after cooking?	_____	_____
(4) Are hot dishes served while hot & cold dishes while cold?	_____	_____
(5) Are there only moderate servings with seconds?	_____	_____
(6) Are proper serving utensils utilized?	_____	_____



## e. Left Overs:

- (1) Are cooked foods, other than bread, cake and dry pastry, kept in an efficient refrigerator & used within 24 hours? \_\_\_\_\_
- (2) Are all cooked left-over foods thoroughly reheated before serving? \_\_\_\_\_
- (3) Is a sample plate or tray containing a sample of each food served at every meal kept in the refrigerator for 24 hours? \_\_\_\_\_

## 9. Miscellaneous:

a. Are food handlers examined each month and is a list posted in their place of employment? \_\_\_\_\_

b. If food handlers are rotated in several messes on the posts, hospital, or troop train, do they carry a copy of physical examination card for ready identification? \_\_\_\_\_

APPENDIX C.

VEHICLE INSPECTION GUIDE

APPENDIX C.

VEHICLE

INSPECTION GUIDE

1. Post, camp, or station.
2. Date.
3. Personnel contacted.
4. Motor vehicles.
  - a. Authorized.
  - b. On hand.
  - c. Excess or short.
  - d. In operation.
5. Shop buildings.
  - a. Number and size.
  - b. Adequate parking
6. Maintenance, Personnel.
  - a. Officers, Number?
  - b. Truckmaster?
  - c. Dispatcher?
  - d. Qualified drivers?
    - (1) Soldiers.
    - (2) Civilians.
7. Maintenance procedures.
  - a. Drivers regularly assigned?
  - b. Are routine inspections made by:
    - (1) Drivers?
    - (2) Truckmaster or dispatcher?
    - (3) Unit Commander?



- c. Are routine inspections made periodically?
  - (1) Weekly. (WD AGO Form 461)
  - (2) Monthly. (WD AGO Form 462)
  - (3) Semi-annually. (WD AGO Form 463)
- d. Is each echelon performed satisfactorily?
- e. Is work performed beyond authorized echelons?
- f. Lubrication.
  - (1) Trained personnel?
  - (2) Charts used?
  - (3) Adequate equipment?
  - (4) Correct lubricants?
  - (5) Scheduling system used?
- 8. Records, Operation, and Maintenance.
  - a. Using Preventive Maintenance Duty Roster (WD AGO Form 460),
  - b. Using Trip Ticket and PM Service Record (WD Form 48),
  - c. Using Dispatching Record (WD AGO Form 9-75),
  - d. Using Driver Permit (WD AGO Form 9-74)
  - e. Using Inspection Forms (WD AGO Forms #461, 462, 463)?
  - f. Accident Report Form 26; and Station Identification Card in each vehicle?
  - g. MWO Record, Form WD AGO 478 in each car? And Organizational Equipment File (Jacket)?
  - h. Gasoline and oil properly stored and dispensed?
  - i. Tire and tube records adequate?
- 9. Publications available?
  - a. TBA
  - b. TO
  - c. OPSI

- d. OFSB 1-1, vol. 2.
  - e. WD SB 9-1.
  - f. Maintenance Manuals.
  - g. Parts Manuals.
  - h. Current TM's
  - i. TM 21-6.
  - j. Driver's Manual TM 21-305.
  - k. Driver Selection and Training, TM 21-300.
  - l. Tires and Tubes, TM 31-200.
  - m. SNL 19-1.
  - n. Army Motors.
  - o. WD Bulletins, Circulars, etc.
10. Shop and Tool Equipment.
- a. Is authorized allowance on hand?
  - b. If due on requisition, Requisition No. and date.
  - c. Excess or shortage?
  - d. Unserviceable?
  - e. Obsolete?
11. Supply section, automotive.
- a. Stockroom adequate in size? Condition?
  - b. Records properly maintained?
  - c. Surplus parts?
  - d. Supplies promptly furnished from higher echelon?
12. Tires and Tubes.
- a. Stored properly?
  - b. Excess or shortage?
  - c. Rotation directives followed?
  - d. Removed for repair at proper time?

APPENDIX D.

REGISTRAR CHECK LIST.



APPENDIX D.

REGISTRAR CHECK LIST

A. Discharges AR 615-361.

- (1) CDD: check CDD work sheets against CDD transfer order and WD AGO Form 40.
- (2) Pregnancy: check by telephone with Medical Officer signing certificate of pregnancy.

B. Discharges AR 615-362.

- (1) Minority: check birth certificate or affidavits.
- (2) Dependency: check report of applicant's State Director of Selective Service.

C. Discharges AR 615-365.

- (1) Over 40 years of age: check entry in service record, WD AGO Form 24.
- (2) Importance to National Health, Safety or Interest: check Soldier's Qualification card WD AGO Form 20 and report of applicant's state director of selective service.

D. Discharges AR 615-366.

- (1) Conviction by civil court: check with enlisted men's immediate commanding officer as to facts of conviction.

E. Discharges AR 615-368.

- (1) Undesirable habits or traits of character: check with detachment commander initiating report.

F. Discharges AR 615-369.

- (1) Inaptness, lack of required degree of adaptability, or enuresis: check with detachment commander initiating report.

## APPENDIX E.

### FOOD POISONING.

# OUTBREAK OF FOOD POISONING

## REPORT FORM

Date of Outbreak \_\_\_\_\_ Location \_\_\_\_\_ Reporting Officer \_\_\_\_\_

List each unit involved	MESS	STRENGTH	NO. AFFECTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Disposition of cases:

Hospitalized	QUARTERS	DUTY STATUS	DIED	TOTAL AFFECTED
_____	_____	_____	_____	_____

Symptoms complained of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hour of onset of first and last cases and peak period. (If continuing, so state)  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks and Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This report should be submitted to First Army Headquarters within 24 hours after the outbreak occurs. Whenever 25 or more cases occur, or where other circumstances warrant, telephone or telegraph should be used.

It is expected that samples of all foods consumed will be sent without delay to the First Army Laboratory. Stool specimens and vomitus will also be submitted for analysis.

The attached sample form, SUMMARY OF FOOD CONSUMED, may be used as a guide in preparing a tabulation of food consumed by all members of the units involved. The probable source will usually be seen by a comparison of specific food eaten by affected and unaffected individuals.

This form should be filled in with the least practicable delay. (Experienced has shown that men soon forget the foods they have recently consumed). These questionnaires need not be forwarded unless specifically requested, but should be filed for future reference.

This form does not supersede the special report required under the provisions of paragraph 39 (b), AR 40-1080, which should be submitted when appropriate.



OUTBREAK OF FOOD POISONING  
Sample Form  
SUMMARY OF FOOD CONSUMED

Unit \_\_\_\_\_ Mess \_\_\_\_\_ (List each mess separately)

Date \_\_\_\_\_ Reporting Officer \_\_\_\_\_

List on left all foods served in the mess in the previous 24 hours. Use X for foods eaten and O for foods not eaten. Include all individuals in the mess, sick or well. Show foods eaten between meals and location of eating place.

Name	Pvt. J. MacIver	Pfc. I. A. Kraft	Pvt. R. M. Jones
ASN	31304298	12123224	39127456
Sick? Yes or No	Yes	Yes	No
If yes, disposition	Qrs.	Hosp.	
Day and hour of onset	1/7-1000	1/7-1100	
Breakfast 1/7			
Stewed Prunes	X	O	X
Cornmeal mush	O	X	X
Boiled eggs	X	X	O
Dry Toast	X	X	X
Butter	X	X	X
Dinner 1/6			
Vegetable salad	X	X	X
Fried beef liver	X	X	X
Brown gravy	O	X	X
Baked parsnips	X	O	O
Fried onions	X	X	O
Fr. fried potatoes	X	X	X
Apple pudding	X	O	X
Supper 1/6			
Cole Slaw	X	X	O
Fried fish	X	X	X
Spanish fish sauce	X	X	X
Lyonnaise potatoes	O	X	X
Buttered beets	O	X	O
Raisin pie	X	X	X
Between meals	1/6-1600		
Place and food	Choc. soda crackers	O	O
Any food suspected	O	O	Cole slaw tasted bad



APPENDIX F.  
RODENT CONTROL.



INSPECTION FORM FOR RODENT CONTROL

Date of Inspection \_\_\_\_\_

1. Building # \_\_\_\_\_ Location \_\_\_\_\_

2. Type of building \_\_\_\_\_

3. New Infestation \_\_\_\_\_ Old Infestation \_\_\_\_\_

4. Location of Infestation:

a. Floor: 1 2 3 \_\_\_\_\_; basement \_\_\_\_\_; attic \_\_\_\_\_; furnace room \_\_\_\_\_; other \_\_\_\_\_.

b. Outside building \_\_\_\_\_; coal box \_\_\_\_\_; garbage rack \_\_\_\_\_; dump \_\_\_\_\_; other \_\_\_\_\_

5. Evidence: gnawing \_\_\_\_\_; feces \_\_\_\_\_; runways \_\_\_\_\_; tracks \_\_\_\_\_; holes in wood \_\_\_\_\_; holes in ground \_\_\_\_\_; rodents seen \_\_\_\_\_; nest & locality \_\_\_\_\_

6. Entrance via: partitions \_\_\_\_\_; burrows \_\_\_\_\_; stairs \_\_\_\_\_; doors \_\_\_\_\_; windows \_\_\_\_\_; foundation \_\_\_\_\_; pipes \_\_\_\_\_; studs \_\_\_\_\_; other \_\_\_\_\_

7. Deficiencies resulting in harborages and entrance: stored goods \_\_\_\_\_; trash \_\_\_\_\_; shallow foundation \_\_\_\_\_; pipes \_\_\_\_\_; double walls \_\_\_\_\_; double floors \_\_\_\_\_; open sills \_\_\_\_\_; other \_\_\_\_\_

8. Damage to: food \_\_\_\_\_; building \_\_\_\_\_; equipment \_\_\_\_\_; details \_\_\_\_\_

9. Rats \_\_\_\_\_; kind \_\_\_\_\_; Mice \_\_\_\_\_; kind \_\_\_\_\_

10. Proposed control:

a. Rodent proofing \_\_\_\_\_; type in detail \_\_\_\_\_

b. Traps \_\_\_\_\_; kind \_\_\_\_\_; number \_\_\_\_\_; bait \_\_\_\_\_; details \_\_\_\_\_

c. Poison bait \_\_\_\_\_; kind \_\_\_\_\_; number \_\_\_\_\_

d. Poison gas \_\_\_\_\_; dust \_\_\_\_\_; fumigation \_\_\_\_\_

e. Bait boxes: number \_\_\_\_\_

11. Remarks:

12. Approved by \_\_\_\_\_; date \_\_\_\_\_

a. Changes in above recommendation: \_\_\_\_\_

b. Date program commenced: \_\_\_\_\_

c. Date program terminated: \_\_\_\_\_

d. Results: \_\_\_\_\_









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